

DOCUMENT RESUME

ED 188 086

CG 014 483

TITLE Services for Alcoholic Women: Foundations for Change. Trainer Manual [and] Session Outline Cards.

INSTITUTION National Center for Alcohol Education, Arlington, Va.

SPONS AGENCY National Inst. on Alcohol Abuse and Alcoholism (DHEW/PHS), Rockville, Md.

REPORT NO ADM-79-871; ADM-79-872

PUB DATE 79

CONTRACT 281-78-0005

NOTE 226p.; For related document see CG 014 426.

AVAILABLE FROM Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock No. 017-024-00944-0)

EDRS PRICE MF01/PC10 Plus Postage.

DESCRIPTORS *Alcoholism; *Change Strategies; Delivery Systems; Evaluation Methods; *Females; Professional Training; Program Descriptions; Program Evaluation; Resource Materials; Social Agencies; *Team Training; *Training Methods

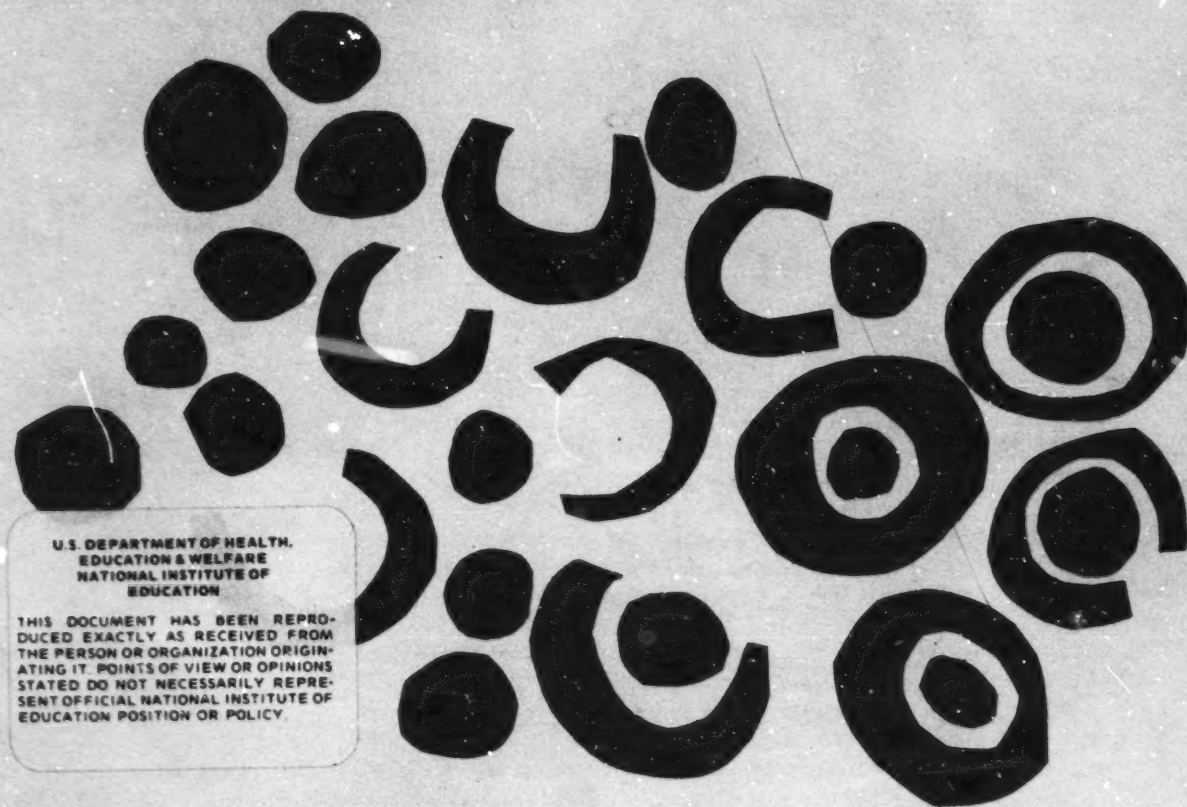
ABSTRACT

This training program, designed to assist treatment programs decision-makers in planning, implementing, and monitoring practices and services for alcoholic women, provides participants the opportunity to: (1) measure the current state of their agency programs; (2) select priorities for change; and (3) develop an action plan for change. The program is designed for teams of two people from the same agency, one with decision-making responsibility and one interested in women's treatment. Two trainers, one male and one female, conduct one-three-hour sessions in small group exercises and discussions, lecturettes, and brainstorming with a group of 20 participants over a 2 1/2 day period. This manual helps trainers prepare for and conduct the course. It includes a session-by-session overview, refresher materials on training methods, guidelines for training program management, sample recruitment materials, and masters for duplicating participant handouts. A series of session outline cards accompanies the manual and includes specific directions for conducting each session, goals and objectives, and materials needed for learning activities. (Author/NRB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

SERVICES FOR ALCOHOLIC WOMEN

ED188086



U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

CS 01483

foundations for change

TRAINER MANUAL

Program Overview

- Purpose:** To enhance the capacity of treatment program decision makers to plan, implement, and monitor practices and services designed to meet the needs of alcoholic women.
- Training Goals:** The training program provides participants the opportunity to:
- Measure the current state of their respective agency plans and/or programs for serving alcoholic women against a set of policies, practices, and procedures that appear to be effective in women's treatment.
 - Select some priorities for change in their respective agencies.
 - Develop a range of possible strategies to address the areas in their programs they identify as needing change.
 - Prepare for continuation of planning and implementation of identified changes upon return to their agencies.
- Course Materials:** The Trainer Manual contains information to help trainers prepare for and conduct the course. It includes a session-by-session overview, refresher materials on training methods and techniques, guidelines for training program management, sample recruiting materials, and masters for making copies of participant handouts.
- The Session Outline Cards include specific directions for conducting each session as well as goals and objectives of each session and the materials and equipment required for the various learning activities.
- The Resource Book, primarily for participant use, is an integral part of training activities and will be a valuable reference for program planning and staff training

(Continued on inside back cover)

Services for Alcoholic Women

Foundations for Change

TRAINER MANUAL



Developed by
National Center for Alcohol Education

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20857

1979

APR 23 1980

These materials were developed by the National Center for Alcohol Education. For further information, additional materials, or assistance in the use of these materials contact:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209

Telephone: (703) 527-5757

This publication was prepared by the National Center for Alcohol Education under contract number ADM 281-78-0005 from the National Institute on Alcohol Abuse and Alcoholism. NCAE is administered for NIAAA under this contract by University Research Corporation. All statements herein do not necessarily reflect the opinions, official policy, or position of the National Institute on Alcohol Abuse and Alcoholism; Alcohol, Drug Abuse, and Mental Health Administration; Public Health Service; or the U.S. Department of Health, Education, and Welfare.

DHEW Publication No. (ADM) 79-871
Printed 1979

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402
Stock Number 017-024-00944-0

Contents

Preface	v
SECTION I: Introduction to the Package	1
SECTION II: Session-by-Session Overview	7
Introduction	7
Sequence and Flow of Sessions	7
Session 1: Introduction and Program Overview	9
Session 2: Alcoholism Treatment from the Woman's Perspective	11
Session 3: Assessing Individual Programs	13
Session 4: Selecting Priorities for Change	14
Session 5: Strategies to Overcome Barriers	15
Session 6: Involving Others	16
Session 7: Conclusion	16
Materials Checklist	18
SECTION III: Organization of the Session Outline Cards	19
APPENDIX A: Training Considerations and Techniques: Refresher Material	A-1
APPENDIX B: Managing a Training Event: Planning and Logistics	B-1
APPENDIX C: Handout Masters and Trainer References	C-1

Preface

In recent years there has been a surge of interest in the status of women and considerable activity aimed toward identifying and meeting the special needs of women. People in the alcohol and drug abuse fields have felt the impact of the phenomenon and are making efforts to explore and respond to the special needs of women with alcohol- and/or drug-related problems.

The most significant events in both fields appear to have their origin in 1976. Congress passed legislation specifying that states must begin to provide prevention and treatment programs designed for women. The National Council on Alcoholism created an Office on Women and coordinated the growth of task forces on women and alcoholism in almost every state. The National Institute on Drug Abuse, through the National Drug Abuse Center for Training and Resource Development (NDAC), published the first nationally developed course for counselors and supervisors on treating addicted women. The course was titled Women in Treatment: Issues and Approaches.

At the same time, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) initiated or sponsored a range of activities to foster better prevention and treatment programs for women. One outgrowth of those activities was recognition of the need for a training program specific to the treatment of alcoholic women. The National Center for Alcohol Education (NCAE) was thus assigned the task of developing this training program by NIAAA in 1978, with the stipulation that NCAE work closely with NDAC to benefit from their experience with Women in Treatment and to complement their revision of that course based on 2 years of delivery experience.

While working closely with NDAC, NCAE consulted the Women's Program Administrator in the Division of Special Treatment and Rehabilitation (NIAAA) to ensure that the training program would be consistent with the Division's guidelines on women's treatment for federally funded treatment programs. Other sources consulted to provide a broad perspective for designing the training program included specialist in research, treatment, and training in the field of alcoholism and

women; specialists on women in other fields; a sample of NIAAA-funded treatment program directors; and related books, articles, reports, and other materials.

The picture that emerged from this process of consultation and data collection was both fragmentary and complex:

- A small number of specialized treatment programs for women are in operation. NIAAA has recently increased the number of women's programs it funds to 29. While their data on treatment effectiveness is still preliminary, their experience does give guidance to others who want to modify their programs to serve women better.
- Related research literature on women from fields such as psychology, sociology, and mental health provides sound principles for treatment design to some extent. However, research on alcoholism in women is limited and many of the studies that do exist are based on small samples or have other methodological problems.
- Many treatment agencies have had some experience with women clients who are spouses of alcoholic men, and others are beginning to include special services for women alcoholics.
- Consistent with Congressional legislation, all treatment programs submitting grant requests to NIAAA must include a plan for women's treatment services. State plans must also include assessment of need and plans for provision of service for alcoholic women.
- Some of the treatment program elements recognized as important for women's treatment have application for men's treatment also, particularly those aspects relating to personal growth and improvement of interpersonal relationships.
- A training program to complement the NDAC course most efficiently should focus on a different target audience. The group most often cited was the agency staff in charge of clinical programming, but including board members or other policy makers as well.

In summary, the need for improving the treatment of alcoholic women is clearly recognized, particularly at the national level. However, what needs to be done and exactly how to go about doing it are not quite so clear. Research data are limited and those with experience in developing and maintaining specialized treatment programs are not

readily accessible to all who want help. One nationally developed training program for counselors and supervisors focuses primarily on the knowledge, skills, and attitudes needed for direct service delivery to women clients.

Given this context, NCAE course developers concluded that the most useful training program would be one designed to address the organizational aspects of the agency where people with alcoholism are treated. What factors need to be taken into account when planning treatment services for women? What questions should a needs assessment answer? What are the staffing needs? Who in the community can help? Where does outreach fit in? How should it be approached? What is the agency already doing that will help? How will women's treatment services fit in with existing services? How will we know if we are on the right track?

In some instances the answers to those questions and related ones are the same for all agency staff. However, the emphasis in this course is on the planning, implementation, and monitoring of services rather than on direct delivery of services. People responsible for treatment program administration and decision making are the audience for the training course.

One assumption underlying this course is that the people who attend this training program are open to the idea that women's alcoholism treatment services need to be improved. Their purpose in attending is to get help in learning what needs to be done. Another assumption is that the participants already have considerable knowledge about alcoholism and experience in administering alcoholism treatment programs.

The training design also takes into account three fairly common characteristics of program administrators or directors: they are very pragmatic, short on time, and concerned about costs.

The resulting training program is 2½ days long, draws on the participants' existing knowledge and experience, is presented in terms of their job responsibilities, allows ample opportunity for them to work on the real-life problems they face in their respective agencies, and provides abundant resources for back-home application.

Many people contributed their time, knowledge, and encouragement to the development of SERVICES FOR ALCOHOLIC WOMEN. In the early stages of development, NCAE convened a Collaboration Group of eight women who helped to define the training needs related to treating alcoholic women, set priorities for the course content, and identify the target population. Once the course was developed, it was submitted to a panel of five reviewers selected for their experience in research, treatment, and training. Concurrently, a developmental test delivery of the course was conducted by 2 qualified trainers with a group of 17 men and women who represented the target population. The course was designed and developed under the direction of Mary L. Millar, project manager for NCAE.

The Collaboration Group members were:

Ann Baxter
Executive Director
California Women's Commission
on Alcoholism

Wanda Frogg
National Indian Board on
Alcoholism and Drug Abuse

Sylvia Govan
Columbia Point Alcoholism Program

Jonica D. Homiller
Consultant
Washington, D.C.

Leona M. Kent
Women's Rehabilitation Association
of San Mateo County, Inc.

Anne D. Robertson, M.S.W., Director
Division of Alcohol and Drug Abuse
Mississippi Department of Mental
Health

Lidia Romero
Assistant Director
Midway House, Inc.

Brenda Weathers, Coordinator
National Coalition of Women's
Alcoholism Programs

The reviewers were:

Daniel J. Anderson, Ph.D.
Director
Hazelden Foundation

Linda J. Beckman, Ph.D.
Department of Psychiatry
The Center for Health Sciences
University of California

Gayle Hamilton, Ph.D.
Consultant
Arlington, Virginia

Shirley Hill, Ph.D.
Department of Psychiatry
University of Pittsburgh
School of Medicine

Riley Regan, Director
Division of Alcoholism
New Jersey Department of Health

The trainers for the developmental test were:

James P. Conway, M.S.
Coordinator, Counseling Services
Long Beach General Hospital

Linda Mandel
Associate Director
California Women's Commission on
Alcoholism

Introduction to the Package

SERVICES FOR ALCOHOLIC WOMEN is a training program designed to enhance the capacity of treatment program decision makers to plan, implement, and monitor practices and services designed to meet the needs of alcoholic women.

The training program provides participants the opportunity to:

- Measure the current state of their respective agency plans and/or programs for serving alcoholic women against a set of policies, practices, and procedures that appear to be effective in women's treatment.
- Select some priorities for change in their respective agencies.
- Develop a range of possible strategies to address the areas in their programs they identify as needing change.
- Prepare for continuation of planning and implementation of identified changes upon return to their agency.

The program consists of seven sessions and requires approximately 16 hours to complete. Sessions range in length from 1 to 3 hours. It is recommended that the program be delivered over 24 consecutive days in a residential setting. It could also be delivered in a nonresidential setting over a period of weeks, with sessions presented weekly or twice weekly. The instructional activities combine didactic presentation and guided practice in application of assessment and planning information; the emphasis, however, is on practice.

The program materials consist of:

- Trainer Manual
- Session Outline Cards
- Resource Book

Guidelines for using these materials to prepare and deliver the workshop are provided on page 5.

Relationship to WOMEN IN TREATMENT

NCAE's course, SERVICES FOR ALCOHOLIC WOMEN, is designed to be complementary to WOMEN IN TREATMENT, recently revised by the National Drug Abuse Center for Training and Resource Development (NDAC). WOMEN IN TREATMENT is a 4-day course for counselors engaged in one-to-one interaction with women in the delivery of treatment and rehabilitation services. Although it was developed by NDAC, it is useful for alcoholism counselors because it covers material relevant to women whether they have problems related to alcohol, drugs, or both.

While there is some overlap in the content of the two courses, they differ in emphasis and detail. WOMEN IN TREATMENT comprises ten modules which cover such topics as patterns of licit and illicit drug use, a woman's life cycle and sources of stress, a life stress counseling theory, and special issues: family systems, suicide, victimization, and sexuality and health. Participants also develop personal principles for counseling women and assess the adequacy of their own treatment programs.

The people who attend SERVICES FOR ALCOHOLIC WOMEN will be interested in WOMEN IN TREATMENT as an appropriate and worthwhile course for the counselors in their agencies who work with women. A description of WOMEN IN TREATMENT and information for obtaining course materials are included in the Resource Book on page 309.

Who Can Benefit From This Training?

SERVICES FOR ALCOHOLIC WOMEN is designed for teams of two people from the same agency since this approach seems to increase the likelihood of agency program changes subsequent to training. One team member should have decision-making responsibility for treatment services in the agency. Depending on the size of the agency and the services provided, this person may have the title of program director, treatment coordinator, clinical supervisor, or manager. The other functions may include deciding what program services will be offered; allocating staff, space, and funds to support those services; establishing referral relationships with other service agencies; and representing the program to the board of directors and the community.

The second team member may be the person designated as women's treatment coordinator, a board or advisory group member, or a staff member with particular interest or experience in women's treatment. Again, the title and function of this person will vary according to

agency size, nature of services, and current status of women's treatment. If only one person from the agency can attend, that person should be the one with decision-making authority as described above.

It is important to underscore the importance of recruiting participants who match the characteristics described above. The instructional design is based on the assumption that participants have a thorough knowledge of alcoholism and are experienced in the management of alcoholism programs. Further, it presumes that participants come with the intent of improving treatment services for women and allows time to begin planning changes in their respective agencies. The course will have little interest for those who do not have treatment program planning and decision-making responsibilities. Appendix B contains a sample letter that may assist in recruiting the appropriate participants.

Who Can Best Conduct the Training?

Two trainers, one female and one male, are optimum for a group of 20 participants. The female should be well versed in women's issues and effective alcoholism treatment for women, with special expertise in management of such programs. She should also be an experienced group leader/facilitator, able to balance her enthusiasm for improving the treatment of women with a sensitivity to the participants' level of sophistication on women's issues. The male trainer should have similar qualifications regarding group facilitation and sensitivity on women's issues, and have recent experience in counseling alcoholic women.

Two trainers, one female and one male, are recommended to distribute the burdens of delivering a demanding training program, provide both male and female perspectives on sex-role stereotypes, and provide role models of a productive, professional working relationship between a man and woman.

Appendix A includes a discussion of some of the general advantages of team training and offers some suggestions to ensure smooth coordination.

Where Can the Training Be Conducted?

The training site should be attractive and comfortable and large enough to accommodate the number of people who will be attending. The optimum number of participants for maximum participation and interaction with the trainers is 20. A group of 24 or 26 participants would be manageable for trainers and would not require modification in learning activities. Some additional time would be required for small group presentations, since more groups would be presenting.

The room must be large enough to hold comfortable chairs for trainers and participants; clusters of tables and chairs for groups of two and four, with enough distance between to minimize distractions; and four flipchart tripods. An acceptable alternative is one room large enough to hold the large group and two or three smaller adjacent rooms with table and chairs for small group work. See Appendix B for further discussion of training site selection.

What Information Do the Training Materials Contain?

The Trainer Manual is designed to help the trainers prepare for and conduct the sessions. Section II, Session-by-Session Overview, begins with a short introduction explaining the organization of the section. Next is a brief description of the sequence and flow of the sessions. The remainder of Section II is a synopsis of each session including discussion of possible trainer options for tailoring the course to fit specific situations.

Section III describes the organization of the Session Outline Cards.

Appendix A provides refresher materials on training techniques and methods, with emphasis on those used in this program. Appendix B contains a brief discussion of training program management and sample recruiting materials.

Appendix C contains handouts and trainer references. The handouts can be used as masters for duplicating copies for participants, according to the directions given in Section II. References contain content or other information the trainer needs to conduct an activity. In some cases direction will be given to reproduce a reference on a flipchart or overhead transparency. In addition to the handouts, other materials to be used in session activities appear in Section I of the Resource Book. In some cases duplicates of these materials will be reproduced for participants to use in session activities so that the copies in their Resource Books can be preserved for use in their own agencies. Masters for evaluation instruments and directions for their use are also in Appendix C.

The Session Outline Cards are designed for trainer use during the program. They serve as a portable, step-by-step guide to session activities, allowing the trainer to move around the room rather than remaining behind a table in order to follow the training sequence in a three-ring binder. The text on the cards is presented in outline form with space provided for the trainer to add notes and key points for his or her own use.

The Resource Book is designed for use during and after training. It contains articles, bibliographies, suggestions for client assessment and program evaluation, ideas for child care and nutrition services, and lists of resources for staff and client education. The

Resource Book is an integral part of training activities and will serve as a valuable reference for program planning and staff training when participants return to their agencies.

What Is the Suggested Sequence of Activities for Workshop Preparation?

Preliminary Planning. After the sponsoring agency is assured of sufficient participant interest in a program, the primary considerations are those of management and logistics, such as choosing a time and place, recruiting and selecting participants, and obtaining materials and equipment. Of special importance is assigning responsibility for the various tasks that must be accomplished for successful workshop presentation. See Appendix B for suggestions about planning and carrying out these management tasks.

Preparing to Conduct the Instructional Activities.

- Review of the Resource Book - Examination of the Resource Book will give the trainer some notion of the program content and the background material provided to assist him or her in preparing for delivery. It will also enable the trainer to help participants make best use of the Resource Book during training.
- Review of Trainer Manual - In preparing to conduct the sessions, it is suggested that the trainer begin by reading through Section II of the Manual, Session-by-Session Overview. This will give the trainer a sense of the sequence and flow of session activities for the total course. A review of the Appendixes will acquaint the trainer with the assumptions underlying design of NCAE training programs, the logistical requirements for training delivery, and the handouts and references provided for instruction and evaluation.
- Review of the Session Outline Cards - The next step is to review the Session Outline Cards, planning specifically how each session will be conducted and making notes on the cards about introductory and summary remarks and key questions to stimulate discussion. At this time joint planning with the cotrainer will ensure clarity of roles and mutual expectations for the training sessions. It may also be appropriate to take a closer look at the refresher materials on training skills in Appendix A.
- Arrange for Duplication of Materials - Selected handouts such as task instructions and worksheets must be duplicated for some of the sessions. The masters of these handouts are contained in Appendix C. A complete list of all course materials is on page 18.

- Acquire Materials and Equipment - Well before the program, the trainer will want to order a sufficient number of Resource Books for participants and arrange to borrow, rent, or purchase tripods, flipchart paper, markers, and masking tape. The Resource Books should be ordered at least 4 weeks before the event from:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209
Attention: Order Processing

Session-by-Session Overview

Introduction

This section of the Trainer Manual describes the training activities in narrative form, first for the entire course and then in session-by-session detail. Each session-by-session overview is presented in three parts: purpose, synopsis of activities, and remarks. The purpose states what the session is designed to accomplish and how it relates to other sessions. The synopsis of activities describes what trainers and participants do to achieve the purpose of the session, including use of course materials. A complete list of course materials appears on page 18 and identifies each by session, title, location, how used, and how many handout copies to duplicate. The last part, remarks, contains special comments on trainer preparation, guidelines for adaptation to special situations, and in some cases, alternative ways to conduct session activities.

Sequence and Flow of the Sessions

Before reading the descriptions of the individual sessions, a word about the course designers' rationale for the choice and sequence of activities constituting the course design is in order.

It is anticipated that participants will come with a wide variety of feelings about and experience with women's treatment services. Session 1 is designed to focus those feelings and experiences in a constructive way so that they become a part of the course learning activity. This is done through an introduction exercise in which participants are asked to share the personal experience and perspective which led them to see an "indicator" or need for change in existing services for women. The participant-generated list is then integrated with a list of trends in the field which the course designers have extrapolated from statistics and expert opinion. The integrated list forms a picture of "where we are now" along with the outcome of the final activity: a list of barriers women face in entering treatment, a list of barriers that may prevent agencies

from responding to women's needs, and the changes participants are thinking about making to improve women's treatment services. Course goals and objectives and participants' expectations of the course are also laid out in Session 1.

Session 2 begins with the generation--by the group--of basic, generic principles which should be observed in all treatment services--for men or women, in inpatient or outpatient settings, and in rural or urban communities. The principles are considered under eight headings: initial visit, assessment, treatment services, aftercare, program planning, staff issues, follow-up, and outreach--categories which are defined in the Resource Book. With this list of generic principles at hand, participants are then asked to look at the factors to be considered in designing treatment programs for women. By reviewing what the participants already know about sound treatment principles, the trainer is able to lead them from the familiar to the unfamiliar. In the natural course of this activity it becomes clear that much of what applies to women's needs applies also to men.

In Session 3 the participants work with an Assessment Checklist which enables them to look at their own programs in light of the basic principles of good alcoholism programming that they themselves have identified as well as from the perspective of meeting women's needs presented in Session 2. It is also essential to this exercise that participants bring certain descriptive information from their own agencies in order to carry out the session activity. With the assessment activities of Session 3, participants begin a planning process which will continue for the remainder of the course.

This process is carried one step further in Session 4. Participants analyze the aspects of their own programs that need improvement and set priorities among them using a set of guidelines contained in the course materials. The opening activity for Session 5 is to list organizational barriers participants anticipate in implementing the changes they are planning for their own agencies. The balance of the session is designed to draw out--from the Resource Book, from the trainer, and from other participants--a range of strategies for taking action in overcoming those barriers back home. Session 6 provides simulated practice in involving others in further planning and implementation of improved alcoholism treatment services for women. The intention of this session is to help participants prepare to continue back home the work they began during training.

Session 7 brings the participants full circle, that is back to the point of looking at training goals and objectives and personal expectations which were laid out in Session 1. The activities

give both trainers and participants a chance to assess how well their goals and expectations were met.

Session 1: Introduction and Program Overview

Purpose: This first session of the training program is devoted to helping trainers and participants get acquainted, in order to establish a climate conducive to working as a group. By completing an Instruction Assessment Form, participants establish a baseline for assessing changes that occur in their perception of the adequacy of women's treatment in their agency. Participants have an opportunity to cite the indicators for change that have helped motivate them to participate in the training program and their expectations--what they hope to get out of the course. The trainers then have a chance to explain which of those expectations can be met and which cannot. Finally, participants receive a thorough orientation to course goals and objectives, content and sequence of activities, the training schedule, and training materials, so that they have a fairly clear idea of what they will be doing and what is expected of them.

Synopsis of Activities: After the trainers' brief opening comments, participants complete the Instruction Assessment Form. This activity is followed immediately by an introduction exercise. The master for duplicating the Instruction Assessment Form begins on Page C-51; a full discussion of evaluation rationale and procedures is contained on pages C-45 to C-47. The Instructions for the Introduction Exercise is a handout which the trainer duplicates from the master on page C-1.

Participants form pairs to interview each other for the purpose of introducing each other to the rest of the group. When the activity is completed, all participants have been seen and heard and have shared the indicators they see for the need to improve women's alcoholism treatment services and their expectations of the course. The indicators and expectations are listed on a flipchart for future reference.

The next phase of Session 1 involves the rationale and overview of the program. The trainer leads the total group in refining and categorizing the list of indicators for change. Next, the participants are referred to the Resource Book, page 3, Indicators for Change in Women's Treatment.

Participants compare the two lists (i.e., the list of "Indicators" produced by the participants with the list from the Resource Book) for differences and discrepancies. By this strategy, the participants

are able to supplement their existing knowledge about current trends and research without a formal lecture on facts and figures. Further it sets the stage for the course rationale: although much is still unknown about women's treatment, the evidence is substantial that current services are inadequate, and enough data is available to begin making improvements.

At this point, the trainer distributes the course Goal and Objectives (see p. C-2) and schedule (see p. C-3) and describes the activities that will help them accomplish those objectives.

Together the trainer and participants review the list of expectations to determine which will be met and which will not based on the understanding of course activities. The expectations list is posted for review as part of the final session.

Finally, working in three groups, participants discuss their current thinking on the treatment program changes they anticipate making to improve service to women, why women have difficulty entering treatment, and why programs have had difficulty identifying and meeting women's needs, each group discussing one issue. Groups report the highlights of their discussion and invite comments from the other groups.

Remarks: The trainer's primary preparation task for this session is a thorough review of the course objectives and activities in order to present the overview and discuss the participants' expectations. The exact nature of the opening activities will depend on the local situation.

Advance preparation will also include a roster of participants and a schedule. The sample schedule will need to be adjusted for specific dates and times and addition of special activities as planned by the trainer or dictated by the local situation.

Formation of small groups is done most easily by having the participants count off. If there are 20 participants in a group and each small group is to have four people, participants count off in turn: 1, 2, 3, 4, 5, 1, 2, 3, 4, 5, and so on. The participants who counted "1" form one group, the participants who counted "2" form another and so on.

Group membership is generally left to chance. However, three guidelines are offered for trainer consideration:

- As there are two people from each agency represented in the group, they should probably join separate groups unless they are specifically directed to work in teams.

- Participants may derive more benefit from training if they have the opportunity to work with as many different people as possible.
- Though none of the learning activities depends on a particular sex ratio, males and females evenly distributed in the small groups will ensure that both perspectives are represented in discussions.

Trainers may elect to use a different introductory exercise, such as the Name Game, to open Session 1. In this activity, participants sit in a circle. The first participant gives her first name preceded by an adjective which begins with the same first letter as her name, e.g., Joyful Jane. The second participant repeats the first participant's name as given (Joyful Jane) and then gives his own, e.g., Practical Peter. The third participant repeats the first two and then adds his or her name, and so on around the circle.

Next, participants each receive a half sheet of flipchart paper and record the agency they represent, what they do there, indicators for change, and course expectations. As each participant presents this information to the group, the trainer writes the indicators and expectations on separate flipcharts.

Another option trainers may choose for Session 1 is to prepare a lecturette based on Indicators for Change in the Resource Book. Categorizing the participant's listing of indicators is eliminated, but the trainers can refer to that list to illustrate points in the lecturette.

Session 2: Alcoholism Treatment from the Woman's Perspective

Purpose: This session establishes the important elements of women's treatment services as derived from factors unique to women and women alcoholics. Emphasis is on those characteristics that have the greatest implications for design of treatment services and that seem to be supported by research.

Synopsis of Activities: This session starts with participants identifying basic elements of alcoholism treatment. The participants are asked to focus on principles that apply generally, whether the agency is large or small, offers outpatient or detox services, or serves rural or urban communities. Participants then classify each item under one of two headings: client perspective--items that affect the client directly--or treatment support--items that affect the client indirectly. Sample items for each list are contained on pages C-4 and C-5 for trainer reference.

Next, participants further categorize the items on the two lists according to eight headings: initial visit, assessment, treatment services, aftercare, program planning, staff issues, follow-up, and outreach. Each category is defined in the Resource Book on page 9. These categories will appear on the assessment checklist used in Session 3 to help participants analyze their own programs.

To accomplish this task, participants work in four groups. Two categories, one from client perspective and one from treatment support, are assigned to each group, as follows: group 1--initial visit and outreach; group 2--assessment and program planning; group 3--treatment and staff issues; and group 4--aftercare and follow-up.

The next major activity is presentation of the factors about women and women alcoholics that affect design of treatment services. The trainer makes a brief presentation outlining the constellation of groups to which an individual client may belong (see the diagram on page C-6, A Context for Looking at Women Alcoholics). A suggested outline for this presentation is contained in the Session Outline Cards on pages 36-39.

As an optional activity, especially if participants are serving a variety of special populations, is to ask for examples in each circle that are specific to the ethnic or cultural group they serve. As examples are suggested, the cotrainer records them on a flipchart under ethnic group headings. This activity requires extra time but it highlights the unique characteristics of special populations.

The trainer then refers participants to the Resource Book (page 11) to look at "Factors to Consider in Designing Treatment Programs for Women." These factors are arranged under six headings: physical, psychological, social, family, economic, and special populations. For each factor, supporting references and treatment implications are listed.

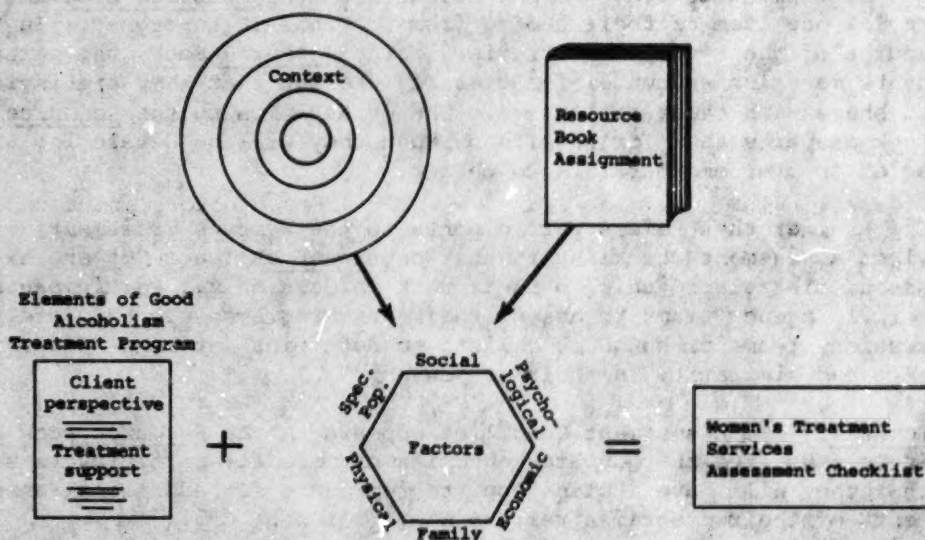
Portions of the Factors document are assigned to small groups of participants to summarize, discuss, and present to the others. Presentations are focused on three areas: a summary of factors listed; a summary of the implications listed, plus any the group wishes to add; and a summary of how these implications relate to the program categories (assessment, outreach, etc.). (See page C-7.)

As the final activity in this session, the trainer makes an assignment designed to acquaint participants with the Resource Book.

Remarks: Trainer preparation for this session involves 1) becoming thoroughly familiar with the points that introduce this session and link the various activities and 2) shaping the language to fit his or her personal style.

In some instances, it may be necessary to be more explicit about the flow of activities in Session 2 and their linkage to the activities

in Session 3. One way to depict this relationship is by a diagram such as the following:



The elements of sound alcoholism treatment provide the foundation for designing a treatment program for women. Those elements are shaped by the Factors to Consider in Designing Treatment Programs for Women (introduced by the Context and drawn from the research and experience reported in the literature) and translated into the Assessment Checklist. This diagram could be presented after the program elements are established in Session 2, before the assignment is made at the end of Session 2 or at the introduction to Session 3.

Regarding presentation of session goals and objectives in Session 2 and throughout the course, an optional method is to summarize them briefly on a flipchart for reference during the oral presentation of goals and objectives at the beginning of each session, as is directed in the Session Outline Cards. Or, the trainer may choose to refer participants to the goal and objectives handout distributed during Session 1.

Session 3: Assessing Individual Programs

Purpose: Participants now have the opportunity to take a first look at their programs not only from the perspective of meeting women's

needs but also in light of the basic principles of good alcoholism programming that they themselves have identified.

Synopsis of Activities: The opening activity invites feedback on the assignment to read the introduction to the Resource Book and review one item of their choice from Sections II through V. In the course of their purposeful review of the Resource Book the participants may also encounter features of interest that they are invited to share with their colleagues. The orientation to the Resource Book prepares them for Session 5, when they will be developing strategies to overcome barriers to change.

The trainer then refers participants to the Women's Treatment Services Assessment Checklist in the Resource Book (page 29) and explains its relationship to their work in Session 2. Participants work in agency teams to assess their own programs. To complete the session, teams exchange checklists to determine patterns of difference and similarity in their responses.

Remarks: The Assessment Checklist appears in the Resource Book but it is suggested that duplicate copies be made for participants so that they will have a blank copy to reproduce for additional assessments of their program after training (see page C-9).

If only one person has come from an agency, that person should work on the Assessment Checklist alone, as he or she is the only one who can answer the questions in terms of that agency.

The preprogram information sent to participants requested that they bring program descriptions, grant proposals, and other materials that contain client data, agency goals and philosophy, and the like, for reference during training. This information will be particularly helpful to teams who are not yet treating women as they will be able to begin working on some of the issues raised by questions in the program planning category.

The Session Outline Cards contain a note at the end of Session 2 reminding participants to bring these materials to Session 3.

Session 4: Selecting Priorities for Change

Purpose: A structure is provided to enable participants to analyze program categories that show need for improvement and select several to start work on right away.

Synopsis of Activities: Continuing to work in teams, participants receive copies of a Women's Treatment Services Analysis Worksheet to

guide analysis of selected program categories (see Resource Book, page 59). A completed copy is provided as a model (see page 61).

Specific actions in each program category are then transferred to copies of the Priority Selection Guidelines for a feasibility ranking (see Resource Book, page 63). A completed copy of this form is also provided on page 65 to serve as a model. The blank spaces in the first column may be used for additional guidelines as suggested by the trainers or participants.

Remarks: The Worksheet and Guidelines appear in the Resource Book, but copies will have to be duplicated as participants will need more than one copy of each. Also this preserves their Resource Book copies for future use. (See pages C-39 and C-41 for master copies.)

Complete directions for the use of the Analysis Worksheet are on pages 72 and 73 of the Session Outline Cards. Directions for the Priority Selection Guidelines are on pages 76-78.

Session 5: Strategies to Overcome Barriers

Purpose: One outcome of the program category analysis of Session 4 was a listing of barriers that participants anticipate needing to overcome before their proposed change can be implemented. In this session, they draw on the Resource Book and the experience of the trainers and other participants to develop a range of strategies from which to select when they begin to take action back home.

Synopsis of Activities: Working on the assumption that obstacles will fall into several general categories no matter what particular action they are obstructing, the first activity is to list and categorize the obstacles that teams have identified. The anticipated categories are funding, attitudes, resistance to change, community relations, interagency relations, and intraagency organization.

Participants then group themselves according to the category they are most interested in working on. Each small group reports its strategies list to the others so that all participants have a range of strategies for a number of situations.

In closing, participants are asked to think about which group (e.g., board of directors) or individual they may need to enlist in further planning and implementation to improve women's treatment services.. In Session 6, participants will plan how they will approach a selected group or individual and then simulate that approach and receive feedback from trainers and other participants.

Remarks: If the training is being conducted in a residential setting the trainer has the option of giving instructions for Session 6 at

the end of Session 5 so that participants can prepare during the evening. In a nonresidential program, this is not practical. (See page C-43 for a master copy of task instructions.)

Session 6: Involving Others

Purpose: This session is designed to establish the linkage between the planning begun during training and what they will continue to do back home. Participants prepare to involve selected individuals or groups in further planning and eventual implementation of improved alcoholism treatment services for women.

Synopsis of Activities: Participants list the types of groups or individuals they anticipate needing to involve. If the list exceeds five, try to organize them under larger headings or ask the group to rank the top five. Assuming a total group of 20, the idea is to arrange participants in groups of 4 persons each. There are four roles for delivering the presentations: one stage manager, two presentors, and one moderator.

Task Instructions for Simulated Approach (master in Appendix C) outlines the task and informs participants about the factors on which they will receive feedback about their presentations.

Remarks: The task instructions must be duplicated for distribution (see pages C-43 and C-44). Another preparation task may be to collect materials or equipment in addition to that already in use in use in training (flipchart paper and markers) that can be used to enhance a presentation.

If the total number of participants is not divisible by four, one group of two or three can manage a presentation by doubling up on the stage manager/moderator roles and/or having only one presenter.

More time for the presentations can be obtained by forming small groups and distributing the task instructions at the end of Session 5 so that participants can prepare the evening before, or Session 7 can be moved to the afternoon. (See the sample schedule on page C-3.

Session 7: Conclusion

Purpose: This session provides a formal closure to training activities and provides time for course evaluation.

Synopsis of Activities: Using the training goal and objectives on a flipchart, the trainer summarizes the learning activities and other events of the week in terms of the objectives. This presentation is

similar to the course overview of Session 1, except that it is after the fact. The trainer then leads the participants through a review of the expectations listed in Session 1 to determine whether or not the ones that could be met were.

Evaluation activities are conducted as described in the Session Outline Cards. Certificates are awarded according to local custom.

MATERIALS CHECKLIST

Session	Title	Location (Book & page no.)	Type of Material	Number of copies per participant
1	Evaluation Forms and Procedures	TM:C-45	Trainer Reference	
	Instruction Assessment Form	TM:C-51	Handout	1
	Instructions for Introduction Exercise	TM:C-1	Handout	1
	Participant Roster (prepared on site)		Handout	1
	Indicators for Change in Women's Treatment	RB:3	Participant Reference	
	Goal and Objectives	TM:C-2	Handout	1
	Sample Schedule (prepared on site)	TM:C-3	Trainer Reference	1
2	Sample Items for Client Perspective and Treatment Support	TM:C-4 & C-5	Trainer Reference	
	Definitions of Program Categories	RB:9	Participant Reference	
	A Context for Looking at Women Alcoholics	TM:C-6	Trainer Reference	
	Factors to Consider in Designing Treatment Programs for Women	RB:11	Participant Reference	
	Instructions for Small Group Task	TM:C-7	Handout	1
3	Women's Treatment Services Assessment Checklist	RB:29 & TM:C-9	Participant Reference and Handout	1
4	Women's Treatment Services Analysis Worksheet (blank)	RB:59 & TM:C-39	Participant Reference and Handout	3
	Women's Treatment Services Analysis Worksheet (completed sample)	RB:61	Participant Reference	
	Priority Selection Guidelines (blank)	RB:63 & TM:C-41	Part.Reference and Handout	1
	Priority Selection Guidelines (completed sample)	RB:65	Participant Reference	
6	Task Instructions for Simulated Approach	TM:C-43	Handout	1
7	Instruction Assessment Form	TM:C-51	Handout	1
	Postcourse Debriefing Form	TM:C-59	Handout	1

Organization of Session Outline Cards

The Session Outline Cards specify for each session the goals and objectives; the sequence of activities; the materials, equipment, time required, and room arrangements; and step-by-step instructions for conducting each activity. Each card is numbered and the table of contents at the beginning simplifies location of specific sessions.

The cards follow the same sequence and format for each session. The first specifies the session goals and objectives.

SESSION ONE: INTRODUCTION AND PROGRAM OVERVIEW

Session Purposes

The goals of this session are to establish an atmosphere conducive to learning and to familiarize participants with the objectives for the course and with the sequence of training activities.

By the end of this session, the participants will be able to:

- Identify other participants by name and by other information they will learn from class exercises.
- Explain the objectives for the course.
- Locate in their materials the course goals, objectives, and training activities schedule.

The second card gives an overview of the training sequence, including suggested time periods for each activity and the estimated total session time.

SESSION ONE: INTRODUCTION AND PROGRAM OVERVIEW

Session Sequence Overview

- I. Introduction (1 hour, 30 minutes)
- II. Materials and Services of the Training Program (1 hour)
- III. Where Are We Now? (10 minutes)

Total time: 3 hours

Subsequent cards indicate the methods, materials, equipment, and room arrangement for the session. The items listed under materials may be handouts, trainer references, or participant references. If the item is a handout, the number of copies to be reproduced is shown in parentheses. If the item is a trainer or participant reference, the location of that item is in parentheses. In the example below, all items are handouts. The Resource Book is not reproduced, however, but is ordered ahead in multiple copies.

SESSION ONE: INTRODUCTION AND PROGRAM OVERVIEW

Methods, Materials, Equipment

METHODS

- Small group exercises; large group discussion

MATERIALS

- Instructions for Introduction Exercise (one per participant)
- Instruction Assessment Form (one per participant)
- Participant Roster (one per participant; prepared on site)
- Indicators for Change in Women's Treatment (Resource Book, p. 3)
- Goal and Objectives (one per participant)
- Schedule (one per participant; prepared on site)

The remaining cards give specific instructions on how to conduct the training activities. Estimated times for activities appear in parentheses.

SESSION ONE: INTRODUCTION AND PROGRAM OVERVIEW

Session Sequence

1. **INTRODUCTION** (1 hour, 15 minutes)
 - A. Make welcoming remarks tailored to audience and situation. (5 minutes)
 1. Introduce yourself and co-trainer briefly, including name, role in workshop, and how you came to be a trainer in this program.
 2. Include directions regarding location of bathroom, availability of coffee, and other administrative details as necessary.
 3. Confirm the statements in the pretraining information sent to participants that this course is for agencies wishing to start providing treatment for women as part of an ongoing program and for agencies already treating women and wanting to change or add to the offered services in some way.

The outlined text guides the trainer in what to do and what to say in chronological order. The words to participants are suggestions, not verbatim instructions. Trainers are encouraged to make their remarks in their own style, adding examples and drawing on their own experience where appropriate.

In certain places, information is included for the trainer's use only. This "trainer only" information is indicated by the word "NOTE."

Appendix A

Training Considerations and Techniques

TRAINING CONSIDERATIONS AND TECHNIQUES:

REFRESHER MATERIAL

The ultimate success of any training program, regardless of how carefully designed, is related to the trainer's skill in delivery. For that reason, this appendix presents a brief review of training know-how to maximize the effectiveness of these materials. Topics include:

- The Adult Trainee
- The Trainer's Role
- The Training Team
- Groups and How They Behave
- Instructional Methods
- Use of Audiovisual Media

The information represents the wisdom of experienced trainers who have participated in countless training programs. It can provide a useful, quick review for those already experienced in group leadership and it can serve as a helpful beginning for those who are just getting started in training.

The Adult Trainee

Adults who attend training programs are usually seeking very specific job-related skills or knowledge. In general, trainees are:

- Independent
- Experienced
- Problem-centered
- "Now" oriented

Adult learners have to feel that the learning is relevant to their needs before they are willing to accept it. For this reason, effective training has to be:

- Self-directed (the learner is involved in conducting the learning experience).
- Experience-based (learning activities are planned around the participant's experiences).
- Problem-centered (learning centers on learners' needs and problems, not on "covering" subjects).
- Immediate in application (learning can be put into action directly).

This training package is designed to provide "participatory" learning experiences through which participants relate new information to their experiences and needs.

As the leader of adult learners, the trainer is responsible for creating the kind of open learning environment that enables participants to share their experiences and individual expertise with other participants.

The Trainer's Role

Trainers use a number of different, and sometimes highly individualistic, approaches to conducting training sessions and meeting the needs of the adult learner. As a general rule, however, skilled trainers start by putting participants at ease. Drawing people out during the first session with questions about themselves and about their expectations for the course allows participants to get to know each other and give guidelines about their needs. This approach also initiates involvement by participants. The physical environment also helps set the atmosphere for participant involvement. Arranging the seating in a circle or around a large table is conducive to informal exchange among attendees, rather than exchanges only between participants and the discussion leader.

As a second task, experienced trainers usually set the group rules by beginning each session with a clear statement of the topic, the activities to be included, and the learning objectives. After information is presented, the facilitator initiates discussion. If people are reluctant to speak first, the group leader often volunteers a comment, contributes information, or breaks the topic down into more specific questions.

The trainer sometimes must provide information to give the group some basis for learning and discussion. There also are times to seek information. This may require calling on participants with special knowledge or experience or bringing in an expert on the subject. Sometimes a participant can be asked to look up information and report back to the group. Other trainer responsibilities include keeping the discussion on the subject and making sure the learning activities stay on schedule.

Making a brief summary after learning activities and at the end of a session serves as a logical end to the activity and also gives learners a road

map to follow as they sort out where they are going and where they have been. In carrying out these tasks, it is important for a trainer to:

- Respect people's feelings.
- Avoid seeming to pass judgment.
- Make positive comments and give positive feedback.
- Be aware of and candid about personal biases.
- Avoid pretending to be an authority on subjects he or she doesn't know thoroughly.
- Be frank about his or her personal style of group leadership.

The Training Team

It is suggested that this program be run by at least two trainers, one female and one male. The most obvious advantage is in sharing the work of preparation and delivery and the ongoing responsibility to keep the program moving. Corollary advantages accrue to both trainers and participants:

1. Two (or more) trainers increase the range of experience and knowledge available to participants during the training sessions. One trainer may have more training experience, the other more content experience.
2. Two trainers can give more time to participants in observing group activities and answering individual questions. Participants may relate more easily to one trainer than the other. Two trainers provide participants a choice in seeking help.
3. Having more than one trainer provides variety in presentation. A different face, different tone of voice, a different style varies the pace of a training program.
4. With more than one trainer, complementary roles can be filled. For example, while one trainer is conducting a session, the other can be alert for participant difficulties and bring them to the presenting trainer's attention or respond to them at the appropriate time. A second trainer can contribute to a lagging discussion with a question or an observation. A second trainer can summarize a discussion or handle unexpected events.

This list does not exhaust the possible benefits of team training. For any benefits to be realized, however, the team must plan carefully, make role expectations explicit, and recognize and take advantage of each other's strengths and weaknesses.

First, there needs to be a clear-cut delineation of who delivers what materials and exactly how much content the individual presentations will encompass. Redundancy and a lack of coordination in the subject matter is likely without this assignment of responsibilities. If possible, team members who are not "performing" should still be observing. The trainer who has not attended sessions other than his or her own presentations may encroach upon areas that have already been covered by others or miss points brought up earlier that could integrate the learning experience or add emphasis. Periodic debriefings for team members assist in coordination if it isn't practical for the whole team to be present for each session.

Groups and How They Behave

One of the "tricks" to being an effective trainer is in understanding how groups work. The successful facilitator knows what forces make people and groups act as they do and uses these dynamics to help guide the learning experience.

Two major factors shape the behavior of most groups. First, participants have to decide, "Do I really want to learn this from you?" As they make this decision, participants tend to "test" the trainer to decide whether they can accept his or her leadership. Sometimes acceptance is achieved shortly after the start of the session; at other times it may take longer. Another aspect of acceptance requires that the participants decide to learn what is being presented. The participants have to analyze and, in a very real sense, agree to learn what the trainer offers. To guard against acceptance problems, the trainer should:

- Be thoroughly prepared for the presentation.
- Make sure the logistics run smoothly.
- Be frank about what he or she knows and does not know.
- Clarify participant expectations at the very beginning of the training program.
- Compare these expectations with the training objectives.
- Highlight what will and will not be covered.
- Discuss how unmet expectations can be handled.

If there is a problem, some tell-tale signs include:

- Yawning.
- Fidgeting.
- Private conversations among participants.

- Challenging or off-the-subject remarks.
- Questioning of the content validity.

When such problems arise, the trainer must deal with the issues openly to avoid bigger problems. He or she can:

- Reveal what is happening in terms of group process.
- Ask the group what can be done to satisfy their needs.
- Meet separately at a coffee break with discontented people and deal personally with their concerns.

The second dynamic which shapes group behavior is the need for each individual to locate himself within the structure of the group. This force is most obvious at the beginning of a training event when participants typically explore how to:

- Fit into the group.
- Establish themselves as important members of the group.
- Guard their vulnerabilities.
- Get attention and recognition.

The need for group recognition and membership often leads to behavior patterns that may interfere with learning. Trainers, therefore, need to be on the alert for the following "types":

- Recognition Seeker (constantly calls attention to himself or herself).
- Conversationalist (brings up off-the-subject, and often personal, anecdotes).
- Silent Partner (sits quietly, day dreams, and does not participate).
- Sophisticate (assumes bored, know-it-all attitude).
- Moralizer (advocates judgmental points of view based on personal convictions).
- Conservative (convinced that status quo does not need changing).
- Aggressor (attacks other attendees rather than their ideas).
- Theorizer (talks in abstract terms that often are unrelated to the discussion).

- Fatalist (believes that nothing can be done about a problem).
- Rationalist (believes only in logic and rejects emotional factors).
- Thinker (appears to pay attention but does not participate).

Recognizing that these types of behavior are personal ways of coping with the strains of fitting into a new group can help a trainer deal with them. Respectful, tactful treatment may integrate the problem individual into the group and neutralize any disruption. Keep in mind what underlies the behavior and try to respond to that need. Thus, try slowly to draw out the silent person without making him or her more self-conscious; give some recognition to the types who try to dominate a discussion but be sure that others have equal opportunities to participate. To cut short the off-the-subject remark tactfully, ask those with an interest in the topic to get together at the next coffee break. Sometimes the group can help. For example, ask "What shall we do about keeping on schedule when so many people want to discuss this issue?" The group members usually deal very effectively with the situation.

There is no simple technique for handling attention-seeking behavior in groups. A good trainer approaches each individual as a new problem, keeping in mind a few general rules:

- Deal with the disruption; if not handled immediately, it will just appear again, often as a bigger problem.
- Remember that you are the group leader and that challenges to that role should be met head-on.
- Keep in mind that your responsibility is to the whole group; no single individual should be allowed to disrupt the planned learning experiences.

Instructional Methods

To achieve its objectives, this training program uses an assortment of methods compatible with the basic principles of adult learning. The following is a discussion of the more frequently used methods.

Discussion - Group discussion, one of the most frequently used techniques in training sessions, is generally initiated by the trainer's question or by information given in presentations, overhead transparencies, or reading material. The participants then contribute examples, observations, comments, and anecdotes from their own experiences in order to expand and illustrate some of the points made in the session. Some of the contributions provide striking, first-hand accounts from those who have dealt with different situations. Other comments and suggestions will not be effective contributions, but the diversity will bring the subject to life and make the sessions personal and meaningful.

discussion is not just a rambling, formless conversation that jumps from topic to topic, but is focused and directed to a specific topic. The job of the facilitator is to ensure that the discussion remains relevant and that rambling is minimized.

Personal experiences can be valuable contributions to discussion, but some participants may be tempted to use the discussion as a confessional. Very difficult, emotionally charged situations that have little learning value can develop. Aim at achieving balanced participation from the group. Some people may want to "say their piece," but often others in the group are not interested in such speeches unless they relate directly to the subject.

As a discussion leader, it pays to be aware of body language, both your own and that of the participants. For example, the trainer can use gestures to keep the flow of conversation going. Pointing to an individual who has something to say is perfectly polite in this context. So is a hand signal encouraging someone to continue or elaborate. The direction of the trainer's attention itself is a powerful signal. As long as the leader is looking at someone, he or she will be encouraged to continue; just looking away or at someone else may cut the flow of speech.

A trainer's ability to ask good questions is the most useful tool for bringing discussions to life and keeping them focused on relevant topics. A probing question arrests the attention of the adult learner and permits the participant to be self-directed in finding an answer, to draw on his own experience, and to focus on an issue, not an answer. Incisive questions also cast the trainer in the role of a peer seeking answers, thus establishing a productive trainer-trainee relationship.

A few simple tips can help a trainer ask the kinds of questions that lead to fruitful and purposeful discussion:

- Ask questions that start with "how" or "why" rather than "what is." These questions will encourage the development of the learner's analytical skills. They do not bypass needed information. They make learners apply what they know and discover what they still need to find out.
- Ask questions that spark controversy and force people to disagree. Such questions serve to broaden minds and dispel the illusion that everything is black or white.
- Ask open-ended questions that have more than one right answer and are likely to elicit more than one response. For example, start with "In what way...?" or "For what reasons...?" These kinds of questions foster a mind-set that is open to the nuances required to understand the complexity of most topics.
- Don't put people on the spot with such questions as "What is the chemical formula for...?" or "Does anyone understand...?" An inability to answer the first question or an honest no answer to the second would make someone feel stupid.

Written Exercises - Exercises calling for written responses of various kinds are often used to stimulate the participants to formulate conclusions individually. Also, written exercises are used because some individuals seem to learn better by writing than by listening, talking, or reading. The written exercises used in this program provide opportunity for the participants working in teams to apply the content and concepts of training to their own agency problems in a systematic way. This activity provides practice in a real situation and often reveals to the participants areas of difficulty or misunderstanding that can be remedied while still in the training program. Do not let the participants become bogged down in the details of the exercise to the extent that they waste time or lose interest.

Brainstorming - Calling on all members of a group to contribute ideas and suggestions quickly and randomly is termed brainstorming, a technique which quickly elicits input from a number of people and provides many different perspectives. In a brainstorming session, the trainer calls on the group members to present any ideas they may have in rapid succession and without contemplating them carefully. The suggestions are listed so that everyone can see them; usually on a chalkboard, flipchart, or overhead projector. Items are listed as they come from the group. No attempt is made to cull the ideas for relevancy, redundancy, or appropriateness. Each contribution is written down initially, and the group goes back later to consider which apply and which should be discarded. This activity can be very creative since the ideas of one person often help stimulate the thinking of others.

Small Group Work - The plans for some sessions suggest that the participants break up into small groups to work on specific problems and report back to the large group. The participants can make their own groups or the trainer can make assignments. It is useful, however, to have a variety of backgrounds represented in the composition of each unit. (See Section II for group formation suggestions specific to this program.)

Some trainers feel that allowing groups to remain stable throughout the workshop or training program allows each to develop as a working unit; others feel that it is better to encourage more diverse interactions by forming new groups for each session. If strong divisiveness seems to be developing in a group or if a particular group is becoming a separate unit that might be difficult to lead, the trainer will probably want to reconstruct the groups for the following session.

Each group needs a recorder if a report is to be made. The trainer may either assign recorders when each group is formed or allow each to choose its own. It is a good idea in either case to have different individuals act as recorders in different sessions.

During small group activities the trainer circulates among groups to answer any questions, make sure that all the participants understand the activity, and ensure that the groups are on course in their discussions.

End the sessions early enough to allow sufficient time for follow-up discussions involving the whole group.

- Begin the follow-up with the reports of the conclusions reached by each team.
- Follow each report by a brief discussion and question period, but reserve the major portion of discussion time so that all the conclusions can be treated together in context.

Use of Audiovisual Media

The expert use of transparencies, filmstrips, and other audiovisual media contributes immeasurably to any training event. Attention is focused on key issues, major principles are highlighted, and difficult concepts are expertly presented. Careful integration of audiovisual materials with the content will quicken the pace of the presentation and enliven the training event. On the other hand, audiovisual materials can seriously disrupt a presentation if the trainer is inept in the use of the equipment. Fumbling with transparencies that are out of sequence, searching for an extension cord, fiddling with the projector, or having a filmstrip out of synchronization with the sound track are problems that inevitably will plague the ill-prepared trainer. As a result, the pace of the session lags and the group's interest wanes.

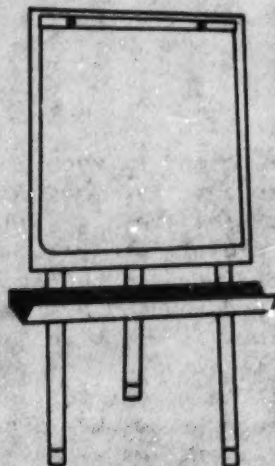
The equipment is basically simple to operate. With careful set up and a brief practice period before the start of a session, it will function smoothly and fit into the presentation without a break in the continuity. The following sections explain the operation of the audiovisual equipment needed for presentation of these training materials and give tips on effective use.

Flipcharts - Flipchart paper and tripods (see Figure 1) may be purchased at art stores, office supply stores, or university bookstores. The local school may also be able to provide or tell you where to obtain such equipment. If standard tripods and flipchart paper are not available, they may be improvised using large sheets of newsprint (at least 27 x 34 inches) of the type used for painting in kindergarten. The newsprint can be taped to the wall or to a movable chalkboard.

The advantages of flipcharts are that they require no technical knowledge to operate and they can be displayed in the training area for continuous reference throughout a session. Two important things to remember about using flipcharts are: 1) write large and legibly, and 2) keep the information presented brief, using key words or short phrases rather than complete sentences.

Masking tape is recommended for attaching flipchart paper to walls as the paint or plaster is less likely to be removed when the tape is pulled off.

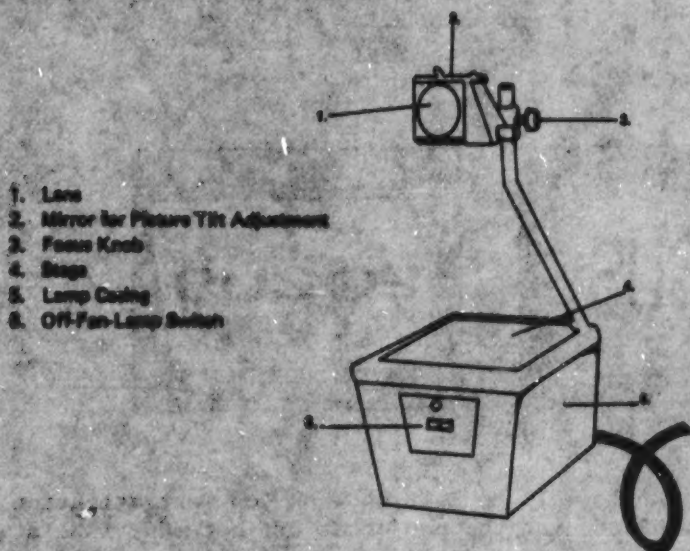
Figure 1. Flipchart and tripod



The Overhead Projector - The overhead projector (see Figure 2) enlarges images printed on transparent acetate sheets and projects them on a screen. It is used with the trainer facing the group so that eye contact with the participants can be maintained. Since the room does not have to be darkened to use an overhead projector, the logistics are simplified.

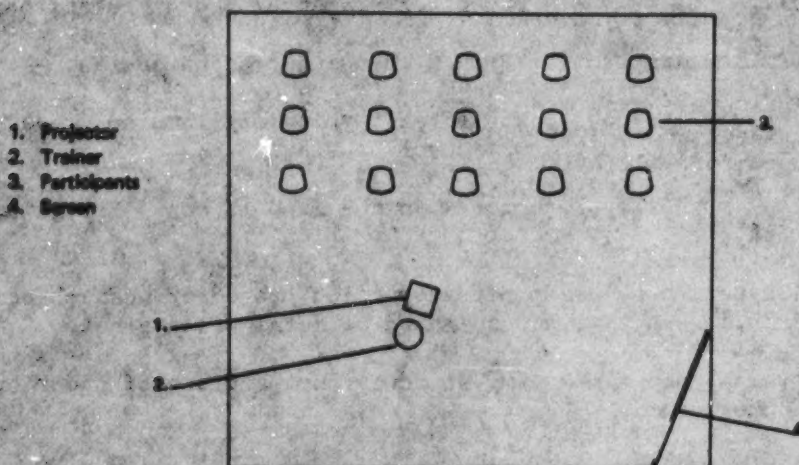
Overhead transparencies are not necessary to this training program. However, a trainer who has access to an overhead projector and screen and who feels comfortable using this type of audiovisual equipment may choose to convert some of the information presented on flipcharts to transparencies for an overhead projector.

Figure 2. Overhead projector



To operate, set up the projector and screen as illustrated in Figure 3.

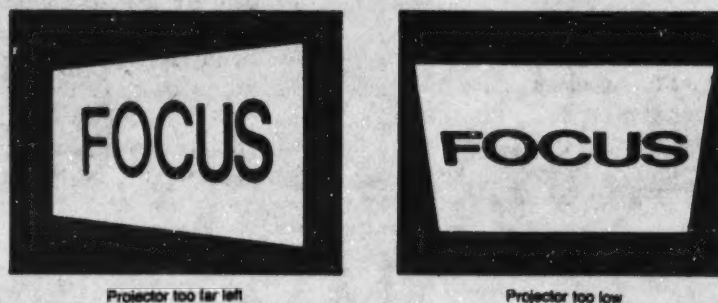
Figure 3. Proper placement of overhead projector



Place a transparency on the stage so that you can read it as you face the group. Turn on the light, and focus by turning the knob. Tilting the head of the machine with the tilt knob raises or lowers the beam of light.

The distance from the screen determines the size of the image area. Adjust it until the light fills the screen evenly and no dark edges are showing. If the image is distorted by the "keystone effect" (see Figure 4), correct by changing the position of the projector.

Figure 4. Keystone effect



The overhead projector should only be left on when you want attention directed to the screen. Switching the projector off between visuals offers an opportunity to pinpoint attention on the screen each time a new visual is shown. When left on, it is a distraction that interferes with the presentation and group interaction. The overhead projector can be used as a chalkboard by placing a clear sheet of acetate on the stage and writing on it with a water-soluble, felt-tip pen or grease pencil. The acetate can be reused; just wipe off the pen or pencil marks.

When operating the overhead projector, remember these precautions:

- Turn the lamp to "Off" when changing transparencies.
- Always allow fan to run after turning off lamp to prevent heat buildup in the projector housing.
- Never move the projector when the lamp is hot. Hot filaments break easily.
- Always turn the lamp off and unplug projector when changing lamps. Both lamp and surrounding metal will be hot.
- Never handle a new lamp directly; use a piece of paper or handkerchief.
- Keep the projection stage clean.
- Clean lens as necessary.

Transparencies for use on the overhead projector can be made by a number of different methods, which range from simply writing information on a

clear acetate sheet to using expensive multicolor heat or chemical transfer processes. The common types of photocopying equipment available in most offices easily convert printed or typed materials, line drawings, or premade transparency masters into transparency form. Acetate sheets are inserted in these machines according to manufacturer's directions and the master is reproduced in black and white on these sheets. The transparencies can be used unmounted or else framed in a cardboard holder (ordered from the local art or office supply stores) for ease of handling and storage. If an arrangement can be made with the audiovisual center in a local school, the diazo or heat process can be used to add color to the visuals. If such an arrangement can be made, the center staff will advise about which process is most effective and assist in use of the equipment. Having transparencies commercially reproduced is often prohibitively expensive, and therefore is not recommended.

Appendix B

Managing a Training Event

MANAGING A TRAINING EVENT

The eventual success or failure of a training event can be decided months before the event when the initial planning begins. Even with well designed materials, careful content preparation on the part of the trainer, and enthusiastic participants, a productive workshop cannot be guaranteed if the logistical details receive inadequate attention.

The tasks required to plan a training event can be grouped into three phases. The first steps take place when an agency decides to sponsor the program. The second phase includes preliminary details, ranging from making arrangements for facilities and inviting participants to preparation of the training site. The third involves details carried out during the training event. The following sections, which may be viewed as a "management checklist," discuss these phases chronologically. Careful attention to the tasks delineated in each will help ensure a meaningful and productive training event.

On Your Mark--Initial Phase

Decide to Sponsor the Event

No agency should sponsor a training program without determining whether enough people are interested in attending. To gauge the probable response, either make informal telephone inquiries of likely participants or send letters to key organizations and people. If the reaction is good and it appears that a sufficient number of people is interested, planning can proceed.

Assign the Trainer

At this point the sponsoring agency should designate a qualified trainer or trainers. If possible, another individual should be designated coordinator and made responsible for the many management and logistical details, enabling the trainer to concentrate on the training content. In practice, however, the trainer frequently must be the "coordinator" as well.

In choosing a trainer, look for someone with training skills and knowledge of the content area. This combination of knowledge and ability to conduct a training event is rare. If no single qualified individual is available, there are other options:

- Use a training team composed of two or more people with complementary skills and knowledge of special topics related to the training content.

- Use one trainer assisted by one or more consultants who can serve as a "resource" for content requiring specialized expertise.

Since the trainer's role is usually demanding and exhausting, use of more than one person is often desirable, especially if the event lasts more than one day or the content is highly technical. (See page 3 of the Trainer Manual for trainer qualifications specific to this program.)

Set a Time Schedule

Next, it is extremely important to schedule the various management tasks and activities. This process can be facilitated simply by listing the actions called for in this "checklist" and setting a target date for each. This step will preclude such mishaps as beginning a session without the needed materials or equipment.

Prepare a Preliminary Budget

The training package itself is provided free of charge, but other expenses involved in conducting the workshop may include:

- The time of the trainers and possibly the time of one or more assistants before, during, and after the workshop.
- Lunch and other refreshments served during the workshop.
- Reproduction of handouts, transparencies, and evaluation forms.
- Pens or pencils, paper, name tags.
- Flipchart and paper, markers, masking tape.
- Rental of the meeting place (if not provided by the sponsoring agency).
- Rental of audiovisual equipment (if not available on loan).

Unless the sponsoring agency requires other procedures, all expenses should be included in a preliminary estimate of costs. If a fee is to be charged to the participants, it can be based on this preliminary budget. Once participants have been selected, a final, revised budget can be computed. Unless already established by the sponsoring organization, procedures must be developed for purchasing supplies and for renting space and equipment if necessary.

Get Set--Intermediate Phase

Select Date and Site for the Training Event

Several factors have to be considered when setting the date for a training event and choosing the meeting room. The day of the week can influence many potential participants' willingness to attend. For example, a Friday may be a bad day to end a workshop because of heavy airport, railway, and highway traffic. In addition, there may be special local celebrations or religious observances that affect a few people who might otherwise attend a training event. If several key organizations are involved, it might be wise to determine what regularly scheduled meetings or events might keep their staff members away.

The site for the meeting should be convenient to most participants and near transportation, entertainment facilities, and food service. Trainers often neglect to check out the actual room in which the sessions will be held before formalizing the arrangements for facilities. As a result, many meetings end up in stuffy, subterranean rooms or in cramped motel suites. Sometimes participants are plagued by extremely uncomfortable chairs and end up sitting on the floor. A poor heating system or arctic settings for the air conditioning can disrupt sessions. Banging radiators or noise from a nearby kitchen may also distract attendees and trainers. To avoid problems it always pays to inspect the physical setting in person before making any commitment.

Check on these details:

- Does the room have windows?
- Can it be darkened for audiovisual projection if necessary?
- Are there pillars in the room that will obstruct someone's view?
- Is there adequate space for small group work?
- Are there enough electrical outlets?
- Is the room noisy?
- Is the furniture adaptable to program needs?

Make Arrangements for Lodging

If it is likely that some participants will come from out of town, make arrangements with a nearby hotel or motel so that there will be enough rooms available for attendees who need lodging. Logistics will be simplified if all participants stay at one location, but if necessary, two nearby facilities can be selected. If the meeting room is to be rented

from a hotel or motel, it obviously makes sense to arrange lodging in the same place. Sometimes, the meeting rooms are made available without charge if participants stay at the hotel or motel.

Get a written commitment for the required number of rooms and ask that the price be specified in writing. Many hotel managers will give a reduced rate for groups. Also, check to find out the deadline for making reservations so that you can include it in the information you send to participants, and confirm whether prepayments or other arrangements must be made to hold the rooms.

Recruit the Right People

No training event can be successful unless the participants correspond to the type of person for whom the materials were designed. Groups frequently include some members for whom the training is "old hat," others for whom the content is too technical. To recruit the type of participant you want, make clear in the information sent to prospective attendees:

- For whom the program is designed.
- What trainees will learn.
- Who can benefit from the training.
- Who is sponsoring the event.
- The time and place.
- The cost (if any).
- Instructions for registration.

A sample invitation letter designed for use with this package is included on page B-9. You can easily modify it to meet the needs of your agency. Experience indicates that to obtain the recommended group size of approximately 20 to 24 people, 75 to 100 letters of invitation should be sent. The letter of invitation should include an application form. A sample form is included on page B-11.

Select and Notify Participants

The response to the letter of invitation may give several options for selection of the trainees. If many people reply, you may simply accept qualified applicants in the order they apply until the suggested group size is obtained, or you may try to construct a group with varying backgrounds and experience. In other cases, fewer participants than expected may respond. Even in this instance it is wise to weed out any applicants whose interests or backgrounds clearly exclude them from the target group.

All who apply should receive a letter either confirming acceptance or explaining tactfully why they will not be able to participate. (See sample on page B-12.) If some attendees will be coming from out of town, it is helpful to enclose travel and lodging information as well as maps of the local area. Some trainers like to call participants before the start of a workshop to establish rapport and set a friendly tone.

Prepare a Roster of Workshop Participants

After trainees are selected, a roster should be prepared listing names, addresses, and, if appropriate, the organizations they represent. If time permits, copies can be sent to participants, who often appreciate knowing who else will be attending. Inevitably you will have to make changes in the list before the actual start of the workshop, so plan to have a revised version ready to pass out at the first session.

Prepare a Workshop Schedule

Participants find it helpful to have a schedule of the course activities which includes starting and concluding times for each session, lunch periods, and day and length of evening sessions, if any. Having a schedule to follow allows them to plan recreational activities and other personal matters and provides them with an overview of workshop activities.

The schedule can be distributed to participants at the opening session and is a useful reference as the trainer gives the program overview.

Plan and Arrange Food Service

After determining how many people will be attending the session, the arrangements must be made for any food or refreshments to be served during the sessions. Motels, hotels, and other commercial organizations usually insist that refreshments be ordered through them. You usually can't bring your own coffee, tea, or soft drinks. It is up to those sponsoring the event to be sure that these arrangements are made. If an organization is providing the room rent free, it may be possible to bring in a coffee or tea pot.

If dinners or luncheons are scheduled as part of the activities, they obviously require advance preparation. The number of attendees, the menu, and the cost must be specified well in advance. Deposits or prepayments are often required.

Prepare a Final Budget

At this point, it is possible to compute a final budget using the actual number of attendees to determine the required expenditures. The revision

should include all needed supplies, refreshments, equipment, room rent, and other items. Obtain approval as required by the sponsoring organization, and confirm the procedures for making disbursements.

Acquire the Audiovisual Equipment

If the sponsoring organization does not already have the necessary audiovisual equipment, it can usually be borrowed. The public school system, the audiovisual department of a local college or university, and community agencies are good sources. If not available on loan, the equipment can be rented. Check the Yellow Pages under "Audiovisual Equipment and Supplies" for names of vendors.

Obtain and/or Prepare Instructional Materials

Arrangements to obtain any films or filmstrips to be used in a training event should be made several weeks in advance, and trainee texts should be ordered for the expected number of participants. The participant handouts should be reproduced and related equipment, such as a flipchart or chalkboard must also be obtained.

Prepare the Meeting Room

The day before the start of a workshop, double check the meeting room to make sure the heating or air conditioning is working properly, and set the room up as required for the first session. At the same time, confirm the arrangements for refreshments and food service. Deliver the audiovisual equipment, set it up, test it, and if possible go through a dry run of the presentation.

Collect Supplies and Place in Meeting Room

Place all necessary supplies in the room. Don't forget:

- | | |
|----------------------|--|
| • Pencils | • Tape, chalk, felt-tip pens |
| • Paper | • Extra bulbs for audiovisual equipment |
| • Name tags | • Extension cords |
| • Registration forms | • Receipt book (if participants have to pay a fee) |
| • Wastepaper baskets | • Napkins |
| • Cups | • Ashtrays |
| • Spoons | |
| • Sugar and cream | |

Assemble all instructional materials, arranged in the order they are to be used. Make sure they are in a convenient location for use by the trainer during the sessions.

Go--The Workshop Itself

Set Up Registration Desk

Shortly before participants arrive, set up a desk where attendees can register. It also may be helpful to put up some signs directing people to the room. Most trainers find that it is vital to have support staff assist with the registration so that the trainers are free to greet the participants and start the first session. Usually there are late arrivals who will have to be accommodated after the start of a session.

Conduct the Training

The trainer, while responsible for conducting the workshop, still must carry out management tasks during the sessions. Refills of the coffee or tea pot, problems with late arrivals, and similar details have to be taken care of. Support staff can help with these problems, but it is likely that the trainer will be involved.

Prepare for the Next Session

After the conclusion of one session, the trainer immediately has to anticipate the next. Get participants to help change the seating arrangements if necessary. Collect and store transparencies, filmstrips, and other instructional materials used during the session. Locate and arrange materials needed for the next presentation. If more than one trainer is participating, they should debrief each other at the close of each session to avoid duplication and ensure integration of concepts and content. It is usually necessary to do a quick clean-up to empty ashtrays and discard used coffee cups and empty soft-drink cans.

Many trainers use the time between sessions, as well as lunch and coffee breaks, to mix with participants and gauge their response. By doing so they identify potential dissatisfaction before it disrupts the sessions and get useful feedback regarding how well the trainees' needs are being met.

Wrap It Up--After the Event

See Participants Off

At the end of the training event, be prepared to help attendees with travel arrangements. Some may need transportation to the airport or the railway station; those driving may want directions on how to get out of town. It helps to have a map, the telephone number of the closest taxicab company, and an airport limousine schedule at hand.

Arrange for Cleanup and Return of Equipment

Unless specific custodial agreements have been made with the management in the building where the workshop was held, you probably will have to initiate a clean-up project. Often participants are willing to help and all staff members should be expected to pitch in, collecting trash, emptying ashtrays, straightening furniture, and putting away supplies. The trainer also should be sure that the audiovisual equipment is returned to the owner and that the extra supplies and instructional materials are not left in the meeting room.

Pay Outstanding Bills and Write a Management Report

After completion of the sessions, make sure that all bills have been paid. Then, prepare a report that contains an accounting of the funds received and the cash outlayed. The report should also evaluate the workshop from the management viewpoint and include suggestions for any future training events.

SAMPLE INVITATION LETTER TO PARTICIPANTS

Dear _____:

I am writing to announce a two-and-one-half-day training workshop, **SERVICES FOR ALCOHOLIC WOMEN**, to be presented by (sponsoring agency). The workshop will be conducted at (location) from (date) to (date). An agency planning to offer treatment services to women or an agency wanting to expand or improve existing treatment for alcoholic women will want to consider sending people to this training program. The workshop, though not designed for people from agencies treating only women, may be helpful to them as well.

The content and activities that comprise this program were selected to enhance the capacity of the participants to plan, implement, and monitor practices and services designed to meet the needs of alcoholic women. The training program provides participants the opportunity to:

- Measure the current state of their respective agency plans and/or programs for serving alcoholic women against a set of policies, practices, and procedures that appear to be effective in women's treatment.
- Select some priorities for change in their respective agencies.
- Develop a range of possible strategies to address the areas in their programs they identify as needing change.
- Prepare for continuation of planning and implementation of identified changes upon return to their agencies.

SERVICES FOR ALCOHOLIC WOMEN was developed by the National Center for Alcohol Education under the auspices of the National Institute on Alcohol Abuse and Alcoholism. The learning activities call for teams of two people from the same agency to attend this workshop since this approach seems to increase the likelihood of agency program changes subsequent to training. One team member should have decision-making responsibility for treatment services in the agency. Depending on the size of the agency and the services provided, this person may have the title of program director, treatment coordinator, clinical supervisor, or manager. Their functions may include deciding what program services will be offered; allocating staff, space, and funds to support those services; establishing referral relationships with other service agencies; and representing the program to the board of directors and the community.

The second team member may be the person designated as women's treatment coordinator, a board or advisory group member, or a staff member with particular interest or experience in women's treatment. Again, the title and function of this person will vary according to agency size, nature of services, and current status of women's treatment. If only one person from the agency can attend, that person should be the one with decision-making authority as described above.

(Agency specific information, including cost to participants, inserted here.)

Sincerely,

APPLICATION

____ No, we cannot attend this workshop but would like to be notified should you run the workshop in the future.

____ Yes, we would like to participate in the workshop SERVICES FOR ALCOHOLIC WOMEN to be held ____ (date) ____ . The people who will attend are:

Team member #1 name/title _____

Team member #2 name/title _____

Agency name and address: _____

Telephone number: _____

If you wish to attend the workshop, please enter the information requested in the spaces provided.

1. Are you treating alcoholic women in your program now? ____ Yes ____ No
(If you answer YES, complete questions 2, 3, and 4; if you answer NO, go to question 5.)

2. What is the total number of clients being treated? ____
What percentage are women? ____

3. Briefly list the services you now provide for women: _____

4. What particular aspects of your treatment program for women would you like to improve? _____

5. If you are not now treating alcoholic women, are you planning to do so?
____ Yes ____ No (If you answer YES, complete question 6.)

6. Briefly describe the status of your planning efforts: _____

SAMPLE PARTICIPANT SELECTION LETTER

Dear _____ :

I am pleased to tell you that you have been selected to participate in the workshop SERVICES FOR ALCOHOLIC WOMEN which is being held at (location) from (date) to (date). The first session begins at (time) on (date) and the final session will conclude at (time) on (date).

As a substantial portion of your time will be spent in assessment and planning for your own treatment program, please bring program brochures, grant proposals, community assessment data, and information on program effectiveness. Materials that contain agency philosophy and goals and describe the existing treatment program and its outcomes in detail will be of most benefit to you. Any information you bring is for your personal use, shared with other participants only at your discretion.

(Agency specific information here regarding travel directions to the workshop site, lodging, participant costs, and other logistical details.)

If you have any questions, please call me at _____ (phone) _____ or write to the above address.

I look forward to meeting you on (date the workshop begins) .

Sincerely,

SAMPLE REJECTION LETTER

Dear _____ :

Thank you for applying to the SERVICES FOR ALCOHOLIC WOMEN training workshop being offered by (sponsoring agency) . When your application arrived, all available places had been filled. We appreciate your interest in the training program and will notify you of any future runs..

Sincerely,

Appendix C

Handout Masters and Trainer References

INSTRUCTIONS FOR INTRODUCTION EXERCISE

1. Choose as a partner someone you do not know but would like to know.
2. Interview each other for 10 minutes (5 minutes for each person) finding out things you would like to know and think the group would be interested in knowing as well. In addition to the usual identifying information, you might ask such questions as:

- Of what are you most proud in your life? your work? your personal achievements?
- Who is your favorite fictional character and why?
- What do you like most and least about being the sex you are?
- If you could live your life over, what would you do differently, if anything?

Use this form to make notes, if you wish.

3. When the group reconvenes, Partner A introduces Partner B in 1 minute or less, using the information obtained in the interview.
4. Partner B then makes a brief statement in answer to each of two questions:
 - What event(s), personal contact, reading, or other experience demonstrated to you the need for improvement in women's alcoholism treatment programming?
 - What is one thing you hope to learn or accomplish by the end of this training program? In other words, what are your expectations for this experience?
5. Next, Partner B introduces Partner A, who then responds to the questions listed on item 4 above.

GOAL AND OBJECTIVES

Goal

The goal of this course is to provide participants the opportunity to (1) measure the current state of their respective agency plans and/or programs for serving alcoholic women against a set of policies, practices, and procedures that appear to be effective in women's treatment; (2) select some priorities for change in their respective agencies; (3) develop a range of possible strategies to address the areas in their programs they identify as needing change, and (4) prepare for continuation of planning and implementation of identified changes upon return to their agency.

Objectives

At the end of this course, participants will be able to:

- Given the major categories of a comprehensive alcoholism treatment program, list at least two elements of each that are considered important in treating women with alcohol-related problems.
- Identify the strengths and weaknesses of their respective programs as they relate to the treatment of women, given a checklist of elements that are considered important for effective women's treatment.
- Given a set of feasibility guidelines and working in teams of two, identify some priorities for implementing changes in their own treatment programs.
- Using the Resource Book and suggestions from trainers and other participants, identify a range of alternative strategies for each selected change.
- Prepare and practice an approach they will take upon return to their agency to involve others in further planning and implementation of the changes needed to improve alcoholism treatment for women.

SAMPLE SCHEDULE

DAY 1	DAY 2	DAY 3
<u>Session 1</u> 9:00 - 12:00 Introduction and Program Overview 12:00 - 1:00 LUNCH <u>Session 2</u> 1:00 - 4:30 Alcoholism Treatment from the Woman's Perspective	<u>Session 3</u> 9:00 - 9:15 Review of <u>Resource Book</u> 9:15 - 12:15 Assessing Individual Programs 12:15 - 1:15 LUNCH <u>Session 4</u> 1:15 - 3:00 Selecting Priorities for Change <u>Session 5</u> 3:15 - 5:15 Developing Strategies to Overcome Barriers	<u>Session 6</u> 9:00 - 11:15 Involving Others <u>Session 7</u> 11:30 - 12:30 Conclusion and Evaluation

A short break will be scheduled midmorning and midafternoon of each day.

Session 1
Trainer
Reference

SAMPLE ITEMS FOR CLIENT PERSPECTIVE

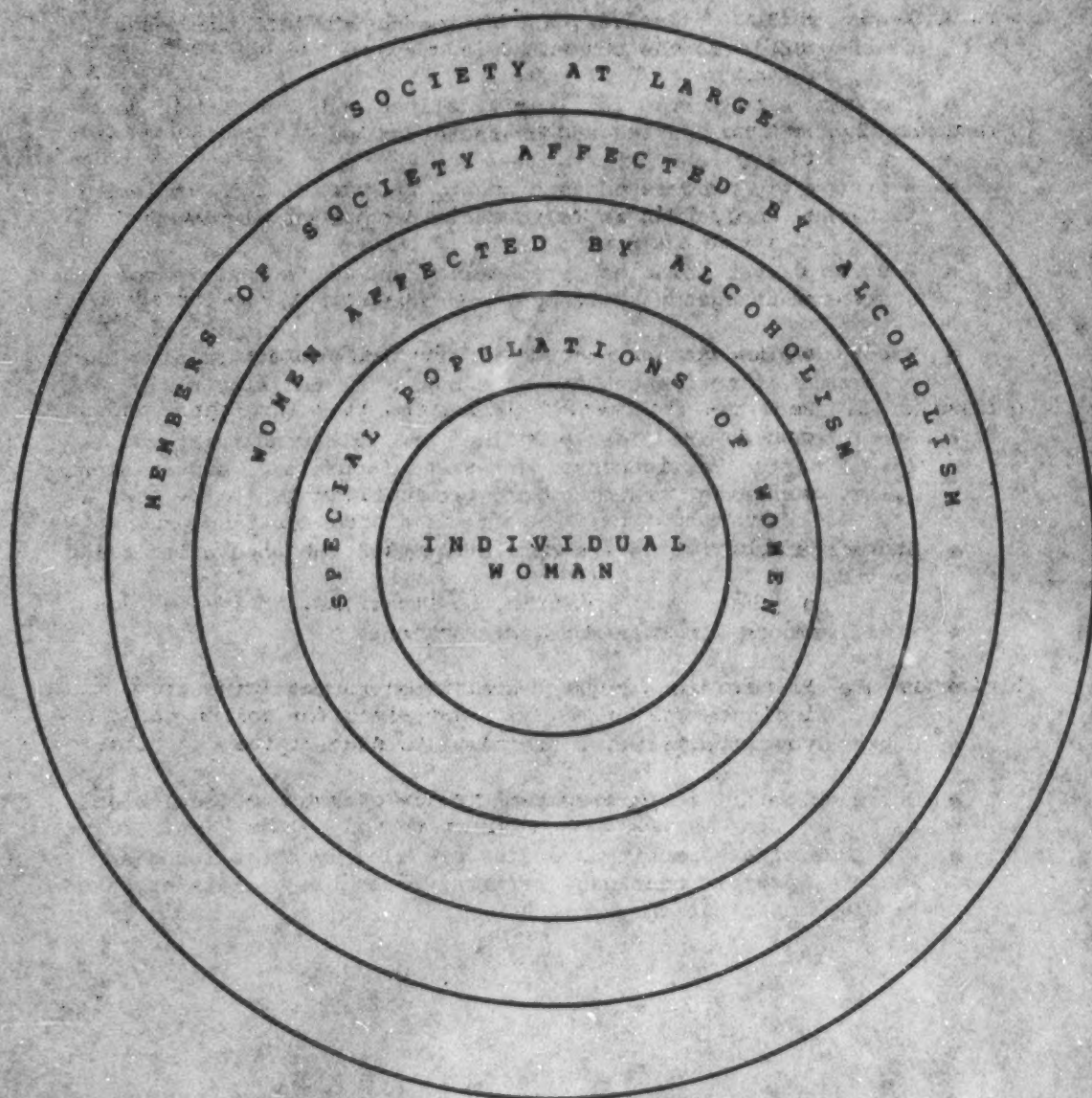
- Facility is conveniently located.
- Facility is clean and attractive.
- Waiting time, especially on first visit, is minimal.
- Flexible policy regarding when paper work is done; duplication kept to a minimum.
- Confidentiality regulations are observed.
- Family and significant others are included in assessment and in treatment as appropriate.
- Alcoholism, nutrition, and general health education and information are provided.
- Medical services are available.
- Network of community resources is available for referral according to individual needs.
- Treatment goals and plans are developed jointly by client and counselor and tailored to each individual.
- Aftercare planning begins well before discharge.
- Broad range of treatment activities is available to promote abstinence, personal growth, economic independence, and improved interpersonal relationships.
- Treatment activities are arranged to fit client's schedule.

SAMPLE ITEMS FOR TREATMENT SUPPORT

- Secure funding.
- Agency goals, objectives, and philosophy are clearly stated.
- Agency goals, objectives, and philosophy reflect the needs of the people in the community it serves.
- The community served is clearly defined and assessed in terms of physical boundaries and characteristics.
- A systematic process of assessment, program design, implementation, and evaluation is followed in program development.
- Program plans, policies, procedures, and decisions are consistent with agency philosophy and goals.
- Recordkeeping systems provide information for determining the program's effectiveness and as a basis for decision making.
- Staff policies are clearly defined and fairly administered (e.g., hiring, assignment, performance appraisal, supervision, salary increases, training, and promotion).
- Staff characteristics are consistent with the population being served.
- Staff members are role models for clients.
- Management decisions reflect staff and community input.
- Outreach responsibilities are clearly defined.
- Outreach activities are systematically planned and evaluated.
- Linkages with community agencies are clearly established and include specific contacts, referral procedures, training, and regular consultation.

A CONTEXT FOR LOOKING AT

WOMEN ALCOHOLICS



INSTRUCTIONS FOR SMALL GROUP TASK

Follow this procedure for each assigned category:

- 5 minutes 1. Summarize the main points of column one so that you could present them to a person who had not read this document.
- 10 minutes 2. Regarding the points in column one, discuss these questions:
- How do the points compare with your experience with women alcoholics?
 - Are they consistent with that experience or at odds?
 - How do you account for the differences, if any?
- 10 minutes 3. Read the treatment implications in column three and discuss these questions:
- How do the treatment implications relate to the program categories you developed earlier (program planning, assessment, outreach, etc.)?
 - What other treatment implications, if any, do you see relating to this factor?
- 5 minutes 4. Prepare a 5-minute presentation to the large group which includes the points you summarized for column one and your discussion in response to each of the questions.

Note: Please choose as presenter someone who has not already made a presentation to the large group.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

The attached form is designed to help you examine an existing treatment program for women to identify areas for improvement, or, if you are planning to start a program, identify critical factors to take into account in planning.

The form is organized under eight categories: program planning, staff issues, initial visit, assessment, treatment services, after-care, follow-up, and outreach. Under each heading is a series of questions to ask yourself about that program aspect. In answering each question you may check yes, no, don't know, needs improvement, or NA (not applicable), as appropriate. A space headed "Comments" is provided for a brief note explaining your response or to indicate what additional information you need to obtain.

When you have answered all the questions, a visual inspection of the columns checked will show the program areas that need work. Any program category with more than a third of the check marks in the "no," "don't know," or "needs improvement" columns merits your careful consideration for remedial action.

You can also use the Assessment Checklist as an informal measure of progress in program development. Comparison of checks from year to year will show which areas have improved and indicate which areas need work. When the Checklist is used to measure progress, it should be completed by someone other than the persons responsible for the changes, to get the benefit of an "outside," objective viewpoint.

If you are not now treating women alcoholics, but are preparing to do so and have prepared a plan for implementing new services, read the Checklist with your plan in mind. Does your plan reflect the considerations listed? Do some areas such as staff issues need more attention?

If you have not yet formulated a plan, read through the entire checklist, check those areas that may already be in place, and indicate under "Comments" those areas where you anticipate particular difficulties. Then, starting with program planning, begin answering each question to the extent possible and indicate under "Comments" what further information you need to collect.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: Agency data provide an indicator of the need for program change and a useful measure of the effect of program change. Much of this information may already exist in client records and data collected for Federal and State information systems.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do the women in treatment reflect the characteristics and numbers of women in the population being served?						
Does the percentage of women in treatment reflect a male/female ratio for estimated alcoholism prevalence rates of at least 3:1? (There may be variation due to the composition of particular communities, but since estimates have generally been low in the past, this figure, consistent with NIAAA objectives, is suggested as a standard.)						
Are dropout rates of male and female clients comparable after the initial visit? During treatment?						
Do women stay in treatment as long as men on the average?						
Are rates of successful outcome similar for men and women clients?						

C-11

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: If you are not yet treating women, but are planning to do so, consider these basic principles:
 (1) Start small; add components gradually. (2) Follow a systematic planning process at all stages of program development: assessment, program design, implementation, and evaluation.
 (3) Hire staff to match the community. (4) Provide training in women's issues and alcoholism as early as possible. Resistance to change is a common phenomenon and resistance to providing services to women may be quite strong. A thorough analysis of the agency and community during the planning stage will help to anticipate problems and prepare to meet them.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are the goals, philosophy, facilities, location, and staff characteristics of the existing agency consistent with the needs of the women's program?						
Are key people committed to the women's program						
• On the board?						
• In agency administration?						
• Among agency staff?						
• In the community?						

C-12

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: A community assessment ensures that the treatment services and outreach program planned and implemented by the agency are relevant to the target population and compatible with community structure, beliefs, issues, and so on.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
From its assessment, does (or will) the agency have information about:						
• The boundaries of the community served by the present program? (Should they differ for the women's program? If so, why?) • The nature of the community (working class, upper class, suburban, rural, urban, etc.)? • The community leaders, trend-setters, opinionmakers? • The significant cultural, ethnic, or language patterns? • The community's views on alcoholism, women's issues, sex, family, and related issues (radical, liberal, moderate, conservative, etc.)? • The religious climate of the community?						

PROGRAM PLANNING - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
• What people do in their leisure time? • The role alcohol plays in community life? • Where the women are (home, employed, in school, in the criminal justice system, isolated because of rural location or lack of transportation, etc.)? • What resources are available (educational, social, medical, legal, financial, etc.) for augmenting agency services? Has a women's advisory board* been established and has input from it and the agency's board of directors been sought and included in program planning?						
*Treatment agencies receiving grant funds from NIAAA must establish an advisory committee which is representative of the characteristics and variables of the community to be served. The mechanism would be an appropriate way to involve women in program planning and implementation.						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

STAFF ISSUES: Staffing patterns, personnel policies, and staff interactions say a great deal about the attitudes of people in the agency toward women. If the agency philosophy of women's treatment states that qualities of competence, ability, assertiveness, and independence are acceptable in both men and women, staff members of both sexes should behave and be treated accordingly. Further, women in treatment are likely to make better progress if they can see women staff exhibiting the behavior they are trying to learn.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are some leadership positions in the organization held by women?						
Do women staff members model mutual respect, support, and constructive interactions with each other?						
In male and female staff interactions:						
Are women's suggestions heard and respected?						
Are ad hoc assignments of special projects, staff development opportunities, etc. made on an equal basis?						
Are opportunities for promotion awarded on basis of merit?						

C-16

77

STAFF ISSUES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do staff (male and female) model:						
Healthy conflict resolution?						
Problem solving?						
Assertive behavior?						
Positive self concept?						
Mutual cooperation and support for the benefit of the total program?						
Do women staff reflect the ethnic and cultural characteristics of the population of women served?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

INITIAL VISIT: A client's first contact with an agency is critical because it may determine whether or not the person returns for treatment. The items listed below are important to consider for women clients.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
If the first contact is by telephone: Does someone from your agency (secretary or counselor) <u>talk</u> with the woman on the phone rather than just make an appointment? Is she encouraged to come in <u>immediately</u>, or as soon as she can? If the woman is calling for help with a crisis situation, can agency staff respond immediately, including a home visit, if necessary? If a woman makes her first contact by arrival at your facility, are you prepared to <u>accommodate her at that time</u> rather than simply make an appointment to see her later? Regarding the facility itself: Is it discreetly but clearly identified? Is it located in a safe, accessible neighborhood?						

C-18

80

INITIAL VISIT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Is it clean, attractive, and comfortable?						
Whether making a first contact or keeping an appointment:						
Is the woman treated courteously?						
Is she seen immediately?						
Is a female counselor available?						
Is child care available during the visit, if necessary?						
Is the interaction characterized by:						
Informality?						
The same form of address for both client and counselor?						
Lack of barriers (desk, titles) between client and counselor?						
Absence of patronizing behavior such as patting her hand or minimizing her feelings?						
Are the woman's concerns about confidentiality or anonymity respected by:						
Asking who she does or does not want contacted regarding her treatment?						

INITIAL VISIT - continued

81

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Accepting a fictitious name if the client does not want to reveal her own?						
Is the visit conducted in a way that enables the client to:						
Experience a lessening of anxiety; become more hopeful?						
Feel more positive about herself in relation to alcoholism by learning some of the myths about the disease?						
Tell her story as she sees it, without interpretation, and without interruption except for clarification?						
Receive feedback indicating that the counselor has heard <u>exactly</u> what she has to say?						
Learn what the program has to offer and what she may expect to happen?						
Are written materials on the program and other relevant topics provided?						
If family, friends, spouse or some other significant persons accompany the client, are they seen by the therapist?						

INITIAL VISIT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the counselor have the option to postpone procedural matters (filling out forms) until the second visit?						
Has your program been planned so as to minimize the need for referrals?						
If referral is needed, does your staff know the community resources thoroughly and intimately so that the referral is smooth and comfortable for the client?						

83

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

ASSESSMENT: A number of procedures are available for assessment of a client's needs and resources as a basis for treatment planning: interviews with client and significant others; standardized self-assessment forms; and physical and laboratory examinations. The exact nature of assessment and the methods for recording findings will vary from agency to agency. Assessment of women clients should reflect attention to the following areas in addition to those usually assessed prior to alcoholism treatment planning. No significance is intended by the sequence of topics.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the alcohol/drug use assessment: Provide information on recentness and quantities of drug intake to guide modifications in detoxification therapy? Explore the use of other drugs, especially prescription and over-the counter remedies? Include information, if appropriate, about alcohol and drug intake (including prescription drugs) during pregnancy? Does the medical assessment: Include general medical, alcohol, gynecologic/obstetric, and psychiatric areas? Rule out the possibility of psychiatric illness, especially depression?						

C-22

ASSESSMENT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Include assessment of general mood and other aspects of psychological status? Include, if appropriate, prior treatment by healers, shamans, or other nonorthodox practitioners? Does marital history: Determine spouse's drinking behavior? Explore the clients expectations of marriage, met and unmet? Explore the client's feelings toward being a mother and toward her children? Reflect acceptance of women who never marry, do not have children, express dissatisfaction with role as wife or mother, or leave their families? Does the family history: Explore establishment of sex role patterns (learned helplessness, development of life goals, concept of male/female relationships, concept of female role in the family)?						

ASSESSMENT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Examine differences in acceptable behaviors for males and females (e.g., the boy who leaves home early is adventurous and resourceful; the girl who leaves home is troublesome, rebellious)? Explore history of alcoholism and psychiatric disorders among parents and siblings? Does the education/work history: Show attention equal to that given in male histories? Explore discrepancies that appear between educational preparation and jobs held? Determine pressing needs for food, housing, or other assistance? Does religious history: Summarize religious background and experiences? Probe for any changes in the client's views? Ascertain the church's view on women and drinking?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

TREATMENT SERVICES: This section addresses items of particular importance to women clients. Factors essential to all alcoholism programs may be omitted but they are nonetheless important, e.g., alcoholism education programs and health care for alcohol-related and other conditions.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are female counselors available? Female case managers?						
Are different groups offered to accommodate a range of needs and preferences (all women, mixed sex, mothers, etc.)?						
Is individual counseling available?						
Regarding choice of group and other treatment services, are women:						
Informed of the alternatives?						
Informed of the pros and cons of each?						
Given a clear message that choices are not irrevocable?						
If mixed groups are utilized, do they have:						
Equal representation of males and females?						

TREATMENT SERVICES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Balanced participation of all members?						
Male and female coleaders?						
Is child care provided either by the agency or by arrangement with appropriate community resources?						
Is housing for women and children provided, if necessary?						
Is there provision for the treatment of children either within the agency or on a referral basis?						
Are treatment times scheduled at client's convenience?						
Does your staff use telephone outreach to contact clients who have missed appointments?						
Is transportation to the treatment facility provided for women who need it?						
Is appropriate treatment available for persons with psychiatric problems (e.g., primary affective disorders)?						

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does vocational/career development include:						
Assessment of personal interests, status, goals, aptitude, needs, and past experience, with emphasis on transferable skills and talents?						
Counseling around fears, concerns, opportunities available, personal resources?						
Provision of training and placement resources?						
Does the program provide for gynecologic exams, birth control and menopause information, etc.?						
Does the program provide education/information on health, nutrition, sexuality, etc.?						
Does the program provide alcohol education and therapy for significant others (spouse, parents, children, relatives, friends, roommates, lovers)?						
Is there provision for legal consultation (child custody, separation/divorce, abuse, financial problems)?						
Do the services offered respond to the needs of women from minority populations (cultural, ethnic, sexual preference)?						

TREATMENT SERVICES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the program provide personal growth opportunities in:						
Assertiveness?						
Problem solving?						
Values clarification?						
Development of leisure activities?						
Parenting skills?						
Other areas as determined by client needs?						
Is the message conveyed that while abstinence is a goal of treatment, a drinking episode does not exclude a woman from treatment?						
If a woman elects to drop out of treatment, is she encouraged to return at least once to make plans for aftercare? (See also section headed AFTERCARE.)						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

AFTERCARE*: The following items assume that the client is leaving the agency by mutual agreement of client and counselor upon completion of the treatment plan. Procedures instituted when a client drops out of treatment are dealt with in the section headed Treatment Services.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does aftercare planning begin well before the client is ready to leave treatment?						
Do the aftercare activities provide the client with a support network and sources of help (e.g., family, friends, neighbors, women's groups, to offer moral support, help with children, etc.)?						
Does the aftercare plan include a strategy to help the client deal with situations identified during treatment that have triggered drinking episodes in the past?						
Has the message been clearly conveyed throughout the treatment phase that the client will not be rejected if she returns for help after a drinking episode?						

*As defined in JCAH Accreditation Manual for Alcoholism Programs, aftercare is "the process of providing continued contact which will support and increase the gains made to date in the treatment process." The way this definition is applied will depend on the type of agency. Aftercare for a residential program will differ from aftercare for an outpatient program.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

FOLLOW-UP: The following items refer to the activities an agency undertakes to collect data on what happens to clients after discharge for purposes of evaluating program effectiveness.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Is explicit permission of the client sought for contact by the agency?						
Is the person who will be making the contact someone the client knows and trusts?						
Was the purpose of follow-up explained early in the treatment phase?						
Has it been clearly specified when the agency will make contact and in what form?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

OUTREACH: An aggressive outreach effort is essential to draw into treatment the women who have been underserved in the past. To avoid disappointment for the women who respond to vigorous outreach and frustration for the staff who may not be prepared, treatment services geared to women's needs must be ready and waiting. A responsive, effective treatment program, in turn, supports and enhances the outreach efforts. Particular contact organizations and strategies will vary according to community.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
<u>Timing</u> Will outreach efforts and their expected results coincide with agency readiness to receive and treat an increasing number of women clients?						
<u>Responsibility and Participation</u> Is someone, preferably female, designated responsible for outreach to women? Are women adequately represented in the membership of the Advisory Committee? Are these women utilized to the utmost in planning and implementing outreach?						
<u>Agencies/Groups to Contact</u> Do the professional groups contacted include doctors (particularly psychiatrists and obstetric-gynecologic specialists), visiting nurses, social workers, welfare case workers, clergy,						

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
lawyers, teachers, court personnel, marriage counselors, hospital emergency room staffs, etc.? Are workers who may function as referral agents also contacted, such as rescue squads, hairdressers, bartenders, baby-sitters and day care center staffs, apartment managers, etc.? Do contacts with community organizations include church groups, parent-teacher organizations, employers, labor unions, business and civic organizations, women's groups, professional groups, and universities? Are contacts regularly maintained with the other alcoholism services agencies in the community? <u>Strategies</u> Have these educational approaches to professional groups been considered: ● Presentation at luncheon meetings of professional groups to stimulate interest? ● Follow-up workshops and seminars to meet the needs of the target group, using continuing education and inservice formats among others?						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do formal linkages with individuals and agencies include: • Designation of a contact person at both agencies? • Referral guidelines and procedures? • Training in early identification and confrontation techniques? • Provision for joint consultation on a regular basis? Do contacts with community organizations include: • Distributing pamphlets, brochures, fact sheets, and informational materials on alcoholism and the agency's services to women? • Messages to men emphasizing their role in early identification and referral for treatment and highlighting the dangers of "protecting" the alcoholic woman? • Making educational presentations on alcohol, alcohol and women, and your program services? • Providing materials and other assistance so that organizations can make their own presentations on alcohol problems?						

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
● Offering opportunities for organizations to become involved in the program through fundraising and other services? ● Working through staff or former clients who may be members of community organizations? ● Providing free space in your facility for community groups to conduct their programs in exchange for free attendance by your clients? Are efforts made to contact community people who do not belong to organizations by such efforts as: ● Participation in health fairs? ● Setting up a table for information dissemination and on-the-spot counseling in a supermarket? (One person is more effective in attracting people than two.) ● Participating in community activities in general, e.g., providing space for voter registration, health screening programs, etc.)						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
- Utilizing local newspapers and radio and television stations to: - place "spot" community service announcements - advertise - present feature articles on the program and women's alcoholism - participate on local talk shows - explore educational television as a means for conducting alcohol education - write letter to the editor - develop human interest stories - provide articles and information to newsletters and other publications of special interest groups, women's organizations, schools, etc. Do community-at-large efforts through media and other means convey messages that: - Dispel myths about alcoholism? - Assist in early identification?						

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
• Describe treatment available? • Reflect understanding of women's issues?						
<u>Evaluation</u> Is the outreach program periodically assessed in terms of strategies used and intended results?						

C-37

WOMEN'S TREATMENT SERVICES
ANALYSIS WORKSHEET

Category being considered for implementation or improvement (program planning, assessment, aftercare, etc.):

What specific action or actions are needed? _____

What major steps must be taken to bring this about? _____

What resources will be required (time, new staff, training, more information, new procedures, etc.)?

Analysis Worksheet - continued

Are the fundamental program elements in place? ____ Yes ____ No ____ Unsure
If no, which one(s) must be established?

What other barriers must be overcome? _____

What side effects (good and bad) might be anticipated? _____

201

PRIORITY SELECTION GUIDELINES

SERVICES FOR ALCOHOLIC WOMEN

? = need more information to answer with certainty

N.A. = not applicable

	Proposed Actions											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Can it be accomplished within the current budget?												
If not, are the necessary funds readily available?												
Can the action be accomplished in 6 to 12 months?												
Is there a possibility of benefit to the agency beyond women's services?												
On a scale of 1 to 10 (10 being most difficult), do the obstacles to be overcome rate 6 or less?												
TOTALS												

Session 4
Handout

TASK INSTRUCTIONS FOR SIMULATED APPROACH

1. Preparation (allotted time: 45 minutes)

- a. Prepare a simulated approach (about 8 minutes) to the selected audience (individual or group) to enlist their involvement in further planning.
- b. Since your time is limited, define your objective narrowly and modestly. Don't try to do too much.
- c. Use the Resource Book, materials you may have brought with you, and whatever else is at hand to assist you.
- d. All group members contribute to the preparation. Each person has a role in the simulation:

one stage manager to introduce the simulation

two presentors

one moderator to conduct the feedback session

2. Simulation (allotted time: 15 minutes)

- a. The stage manager makes a 2-minute introduction describing the audience and the presentors, summarizing the events that led to this meeting, and stating the objectives of the presentation.
- b. The presentors conduct the simulation.
- c. The other participants may wear one of two hats:
 - If the approach is being made to an individual being played by one of the presentors, the participants observe the simulation and prepare to offer suggestions and comments at the end (see questions under d. below).
 - If the presentors are making their approach to a group, four or five participants volunteer to play the role of the audience described by the stage manager, listening and reacting as they think the audience might. Remaining participants are observers.

Task Instructions - continued

- d. The moderator conducts the 5-minute feedback session.

Ask the person(s) who made the presentation:

- Did the meeting go as you had planned?
- What would you do the same next time?
- What would you do differently?

If the presentation is made to an individual, ask the person who played him or her:

- What was your reaction to this approach?
- What parts of it increased or decreased your willingness to become involved in planning for and implementing improved services for alcoholic women?

If the presentation is made to a group, ask the group members:

- Are you willing to become involved in planning for and implementing improved services for alcoholic women?
- If yes, what aspect of the simulation was most convincing?
- If not, why not? What might have convinced you?

Ask the observers:

- Did the presentation accomplish its objective as stated by the stage manager?
- Were the facts about women's treatment as presented consistent with the information presented in training?
- How well did the approach fit the setting (agency and community) as described by the stage manager?

Ask the entire group:

- What other comments or suggestions do you have?

- e. The trainer will be timekeeper.

EVALUATION FORMS AND PROCEDURES

Forms and procedures for two types of evaluation are provided for this course. The Instruction Assessment Form provides feedback to both you and the participants on the effectiveness of the course. The Postcourse Debriefing Form provides you with feedback on the participants' reactions to the course. The use of each form is discussed in turn and master forms are included for duplication.

Instruction Assessment Form and Procedures

Introduction and Rationale

An assessment form has been designed to help you evaluate the effectiveness of the course. The form contains 20 items pertaining to program elements essential to consider in the treatment of alcoholic women. Participants read each item and rate it on the adequacy with which their agency programs (or program plan if they are not yet treating women) address the item. Before reading further, look at the form on page C-51 to become familiar with the items included and the manner of response.

The assessment form included in this course serves both instructional and evaluation purposes. From an instructional standpoint, analysis of participant responses on the form prior to instruction will tell you those elements the participants consider to be adequately or inadequately addressed by their agencies. From this information, you may infer some of the interests and concerns the participants bring to training and anticipate the content areas that may need special emphasis. Further, completion of this form will help focus the participants' thinking on some of the content that will be addressed in training.

The instructional application of the posttraining form becomes apparent when participants compare their preinstruction and postinstruction responses. This activity will provide participants with feedback on how and to what extent their perceptions of the adequacy with which those items are being addressed have changed. A discussion with participants on what changes, if any, they made in their ratings and why will give you an opportunity to clarify any misconceptions that may have developed during training and gives participants an opportunity to review the key points presented during the training sessions.

From an evaluation standpoint, tabulation and analysis of responses of all participants both before and after instruction will provide you with information on the instructional outcomes of the course in terms of the primary goals: to help participants identify the program elements considered important for women's treatment and to provide a structure for them to identify and begin planning for appropriate changes in their own agencies. It is expected that participant responses on the adequacy scale will shift to the left (less adequate) as they become more aware of the details involved in some aspects of women's programming. Procedures for completing this tabulation and analysis after Session 1 and at the end of the workshop are explained beginning on page C-46.

Tabulating the Responses

A master form for tabulating participant responses is contained on page C-57. The double line marking the average rating (3) is included to highlight ratings that depart from that point. To perform the tabulation procedure, it will be necessary to duplicate 20 copies of the tabulation form, one for each item on the Instruction Assessment Form.

To tabulate the preworkshop forms:

1. Number consecutively each form completed by a participant in the space provided in the top right hand corner of the second page.
2. Enter the number and text of the 20 items on the Instruction Assessment Form on the tabulation form, one to each form.
3. Record the first participant's responses to the first item in the first column with an X. Record all participant responses to item 1 in the same manner in succeeding columns, matching participant number to column number.
4. Record responses to the second item in the same way on the second tabulation form after entering the number and text of the item at the top of the page.
5. Follow this procedure for all items.

The identical procedure is followed for tabulating the post workshop responses except that the responses are indicated by an O.

Interpreting the Results

A complete tabulation has been made for a set of hypothetical participant responses to item 1 of the Instruction Assessment Form and appears on page C-49. Preworkshop responses are displayed on the top graph. Both pre and post responses are displayed on the bottom graph. An interpretation of this tabulation follows.

On item 1, Commitment of Policy and Decision Makers and Staff to Improving Treatment of Women, six participants rated it 3 (average) in adequacy, six participants rated it above 3, and eight rated it below 3. As might be expected, agencies with no commitment to improving women's treatment are unlikely to send staff to a workshop on that topic. Therefore, the fact that almost two-thirds of the group rated it adequate or above is not surprising. The below 3 ratings may reflect the fact that at this time only a small number of staff in an agency are convinced of the importance of improving women's treatment services.

The posttraining responses show a slight narrowing of responses toward the center. One rating of 5 appears on the post workshop form compared to two on the preworkshop form. Similarly, at the other end of the spectrum, only two ratings appear at 1 on the post form compared with three on the pre form.

A look at individual participant responses shows some minor shifting in both directions. Five participants rated this item lower on the post form; five participants rated it higher; ten participants rated it the same. The rating increases may be attributed to the increased personal commitment of those staff members who attended the workshop. The rating decreases may be attributed to a realization that either more staff must commit their support to program changes or the level of commitment must be strengthened for sustained support of program changes. The overall neutral response to this item may reflect a general appreciation for the difficulties of securing support for any change.

Clearly, this example illustrates the need for the discussion that follows the participants' comparison of responses. It is during this discussion that the information for a majority of the interpretations of their responses to the items will emerge.

Postcourse Debriefing Form

A written debriefing at the end of training helps you to assess the participants' perceptions of the relevance and utility of the entire training program and their overall reaction to it. A sample form is provided beginning on page C-59. Participants should complete the debriefing form after the discussion of their responses to the Instruction Assessment Form. It requires approximately 10 minutes.

A Final Note

Completion of the evaluation procedure will benefit both you and the participants. The course developers at NCAE can also benefit if you share with them the results of the evaluation process as well as your experience in delivering the course. This feedback gives us some notion of the extent to which the course is being used, who is using it to deliver training, who is attending the course, and what suggestions you have for making the course better.

Please address your remarks, and the tabulated responses and debriefing forms if you wish, to:

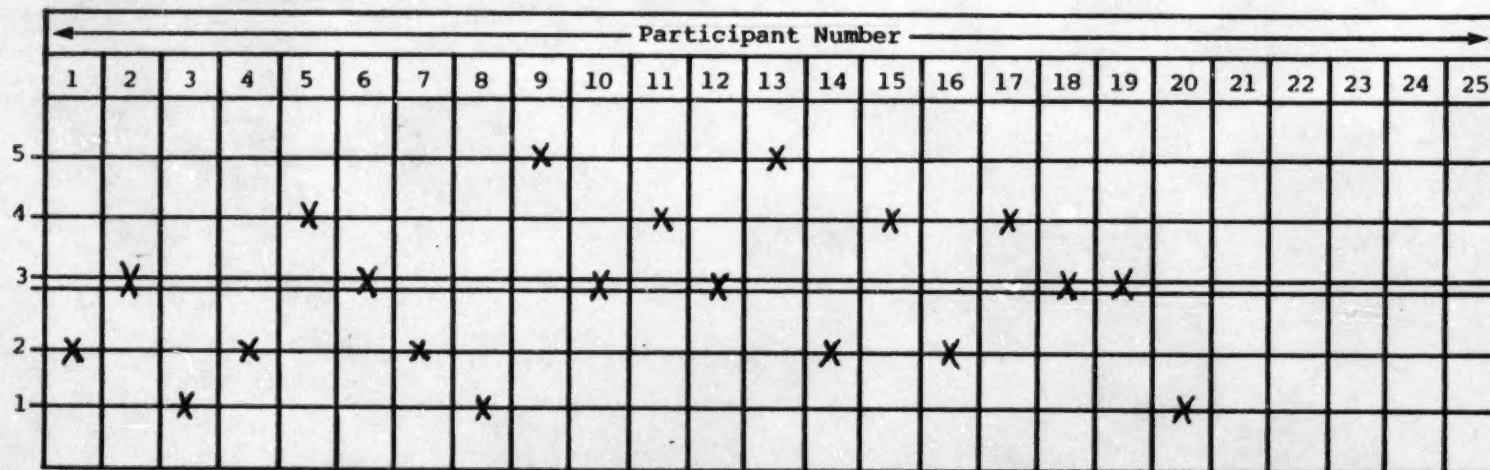
Evaluation Division
National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209

INSTRUCTION ASSESSMENT TABULATION FORM

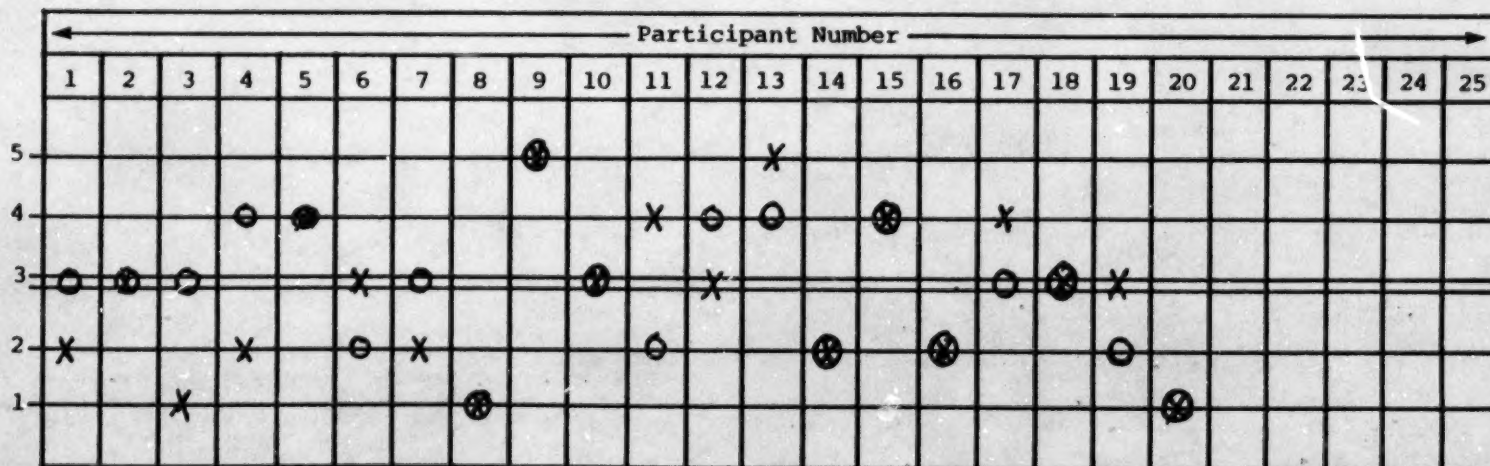
ITEM: 1- Commitment of Policy and Decision Makers and Staff to Improving Treatment for Women

x = Preworkshop Response
o = Postworkshop Response

Rating



Rating



SERVICES FOR ALCOHOLIC WOMEN: FOUNDATIONS FOR CHANGE

Instruction Assessment Form

Name: _____

SERVICES FOR ALCOHOLIC WOMEN: FOUNDATIONS FOR CHANGE

Instruction Assessment Form

Directions: Each of the 20 items listed below appears to be important to consider in planning and delivering treatment services to alcoholic women. Read each item and decide how adequately your agency program is addressing that item. Then on the table below the item, circle the number which best indicates your judgment. (If your agency does not yet provide services for alcoholic women but is planning to do so, make your judgment in terms of the adequacy of the plans to address each item.)

1. COMMITMENT OF POLICY AND DECISION MAKERS AND STAFF TO IMPROVING TREATMENT FOR WOMEN.

Inadequate					Very Adequate
1	2	3	4	5	

2. USE OF CENSUS AND OUTCOME DATA FOR PROGRAM PLANNING AND EVALUATION.

Inadequate					Very Adequate
1	2	3	4	5	

3. COMMUNITY ASSESSMENT TO DETERMINE NEEDS OF WOMEN PRECEDES TREATMENT PROGRAM PLANNING.

Inadequate					Very Adequate
1	2	3	4	5	

4. MALE/FEMALE STAFF RELATIONSHIPS DEMONSTRATE MUTUAL RESPECT, EFFECTIVE PROBLEM SOLVING, CONSTRUCTIVE RESOLUTION OF CONFLICT.

Inadequate					Very Adequate
1	2	3	4	5	

5. WOMEN STAFF HOLD POLICY AND DECISION MAKING POSITIONS IN THE AGENCY.

Inadequate					Very Adequate
1	2	3	4	5	

6. TRAINING ON WOMEN'S ISSUES IS PROVIDED FOR ALL STAFF.

Inadequate					Very Adequate
1	2	3	4	5	

7. STAFF TRAINING PRECEDES IMPLEMENTATION OF PROGRAM CHANGES.

Inadequate					Very Adequate
1	2	3	4	5	

8. CHILD CARE IS PROVIDED OR ARRANGED.

Inadequate					Very Adequate
1	2	3	4	5	

9. FEMALE COUNSELORS PROVIDE INDIVIDUAL AND GROUP COUNSELING FOR WOMEN.

Inadequate					Very Adequate
1	2	3	4	5	

10. FEMALE STAFF REFLECT CULTURAL AND ETHNIC CHARACTERISTICS OF WOMEN BEING SERVED.

Inadequate					Very Adequate
1	2	3	4	5	

11. ASSESSMENT OF DRUG USE INCLUDING PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS.

Inadequate					Very Adequate
1	2	3	4	5	

12. DIAGNOSIS AND TREATMENT OF ACCOMPANYING PSYCHIATRIC DISORDERS.

Inadequate					Very Adequate
1	2	3	4	5	

13. ADEQUATE ASSESSMENT AND TREATMENT OF HEALTH PROBLEMS INCLUDING GYNECOLOGICAL.

Inadequate					Very Adequate
1	2	3	4	5	

14. PROGRAM PHILOSOPHY AND PRACTICES ENABLE EACH CLIENT TO MAKE HER OWN DECISIONS/CHOICES REGARDING TREATMENT.

Inadequate					Very Adequate
1	2	3	4	5	

15. OPPORTUNITIES FOR PERSONAL GROWTH ARE PART OF TREATMENT (e.g. ASSERTIVENESS TRAINING, VALUES CLARIFICATION).

Inadequate					Very Adequate
1	2	3	4	5	

16. VOCATIONAL COUNSELING, TRAINING, AND RETRAINING ARE PROVIDED.

Inadequate					Very Adequate
1	2	3	4	5	

17. STAFF ARE COMPETENT AND CONFIDENT TO HELP CLIENTS WITH MISCONCEPTIONS, LACK OF INFORMATION, AND PROBLEMS RELATING TO SEXUALITY.

Inadequate					Very Adequate
1	2	3	4	5	

18. A CAREFULLY PLANNED AND EVALUATED OUTREACH PROGRAM DIRECTED TOWARD WOMEN.

Inadequate					Very Adequate
1	2	3	4	5	

19. TREATMENT PROGRAM IS IN PLACE BEFORE OUTREACH PROGRAM IS VIGOROUSLY IMPLEMENTED.

Inadequate					Very Adequate
1	2	3	4	5	

20. TRAINING AND ON-GOING CONSULTATION TO STAFF MEMBERS OF OTHER HEALTH AND SOCIAL SERVICE AGENCIES SERVING WOMEN IN IDENTIFICATION AND MANAGEMENT OF ALCOHOL-RELATED PROBLEMS.

Inadequate

Very Adequate

1

2

3

4

5

INSTRUCTION ASSESSMENT TABULATION FORM

ITEM: _____

x = Preworkshop Response
o = Postworkshop Response

Rating

Participant Number																									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
5																									
4																									
3																									
2																									
1																									

Date: _____

Session 7
Handout

SERVICES FOR ALCOHOLIC WOMEN: FOUNDATIONS FOR CHANGE

Postcourse Debriefing Form

1. Looking back over the entire course, please rate the following items by circling the appropriate number.

a. Relevance of content to your needs:

Very Relevant		Fairly Relevant		Not Relevant
1	2	3	4	5

b. "Mix" of intellectual materials with examples or applications:

Very Good Mix		Fair Mix		Poor Mix
1	2	3	4	5

c. Trainer team performance:

Very Good		Fair		Poor
1	2	3	4	5

d. Course environment (site, accessibility, materials, arrangements, etc.):

Very Appropriate		Appropriate		Not Appropriate
1	2	3	4	5

e. Opportunity to inform course staff and other participants of your changing needs, views, etc.:

Ample Opportunity To Be Heard		Some Opportunity		Little or No Opportunity To Express Myself
1	2	3	4	5

f. Amount of new information:

All New
Information

Some New
Information

No New
Information

1

2

3

4

5

g. Please rate the course as a whole:

Very Good

Fair

Poor

1

2

3

4

5

2. During the course, what presentation or activity was most rewarding to you?

Why?

3. During the course, what presentation or activity was least rewarding to you?

Why?

4. Please rate the value of the course materials to you by circling the appropriate number.

Valuable

Fairly
Valuable

Not
Valuable

Factors To Consider
in Designing Treatment
Services for Women
(Session 2)

1

2

3

4

5

Assessment Checklist
(Session 3)

1

2

3

4

5

Resource Book

1

2

3

4

5

5. In your view, how clearly were the course goals and objectives stated?

Very Clearly Clearly Not Clearly

1 **2** **3** **4** **5**

6. Rate your achievement of the stated goals and objectives:

High Achievement	Moderate Achievement	Low Achievement
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367		

1 2 3 4 5

7. List any unanticipated benefits you received from attending this program:

[illegible]

8. Please comment on any aspect of the training that is not covered in the previous questions (accommodations, meals, support staff, sequence of events, work load, etc.) or about which you wish to make additional remarks:

9. Would you recommend this course to others like yourself?

_____ Yes _____ No Explain: _____

(PROGRAM OVERVIEW continued from inside front cover)

when participants return to their agencies. It contains articles, bibliographies, suggestions for client assessment and program evaluation, ideas for child care and nutrition services, and lists of resources for staff and client education.

Target Audience:

The program is designed for teams of two people from the same agency, one with decision-making responsibility for treatment services and one who is designated women's treatment coordinator, a board or advisory group member, a staff member with particular interest or experience in women's treatment.

Group Size:

The optimum number of participants for maximum participation and interaction with trainers and each other is 20.

Trainer Qualifications:

Two trainers, one female and one male, are recommended. Both should be well versed in women's issues and effective alcoholism treatment for women, as well as experienced group facilitators.

Methodology:

Small group exercises; large and small group discussion; lecturette; brainstorming.

Time Requirements:

Approximately 16 hours total training time over 24 days; sessions range in length from 1 to 3 hours.

Special Note:

WOMEN IN TREATMENT II developed by the National Drug Abuse Center for Training and Resource Development is a parallel course for counselors who provide direct treatment services to women with problems related to alcohol, drugs, or both. Requests for WOMEN IN TREATMENT should be directed through State Training Support Program offices or Regional Support Centers of the National Training and Manpower System sponsored by the National Institute on Drug Abuse.

Further Information:

SERVICES FOR ALCOHOLIC WOMEN was developed by the National Center for Alcohol Education. For further information, additional materials, or assistance in the use of these materials contact:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209

Telephone: (703) 527-5757

SESSION OUTLINE CARDS

SERVICES FOR ALCOHOLIC WOMEN

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.



foundations for change

127

CB014483

Services for Alcoholic Women

Foundations for Change

SESSION OUTLINE CARDS



Developed by
National Center for Alcohol Education

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20857

1979

128

APR 23 1980

These materials were developed by the National Center for Alcohol Education. For further information, additional materials, or assistance in the use of these materials contact:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209

Telephone: (703) 527-5757

This publication was prepared by the National Center for Alcohol Education under contract number ADM 281-78-0005 from the National Institute on Alcohol Abuse and Alcoholism. NCAE is administered for NIAAA under this contract by University Research Corporation. All statements herein do not necessarily reflect the opinions, official policy, or position of the National Institute on Alcohol Abuse and Alcoholism; Alcohol, Drug Abuse, and Mental Health Administration; Public Health Service; or the U.S. Department of Health, Education, and Welfare.

Contents

SESSION		PAGE
1	Introduction and Program Overview	1
2	Alcoholism Treatment from the Woman's Perspective	19
3	Assessing Individual Programs	45
4	Selecting Priorities for Change	61
5	Strategies to Overcome Barriers	75
6	Involving Others	89
7	Conclusion	101

Session Purposes

The goals of this session are to establish an atmosphere conducive to learning and to familiarize participants with the rationale for the course and with the sequence of training activities.

By the end of this session, the participants will be able to:

- Identify other participants by name and by other information they will have given about themselves.
- Explain the rationale for the course.
- Locate in their materials the course goal, objectives, and training activities schedule.

Session Sequence Overview

- I. Introduction (1 hour, 15 minutes)
- II. Rationale and Overview of the Training Program (1 hour)
- III. Where Are We Now? (45 minutes)

Total time: 3 hours

Methods, Materials, Equipment

METHODS

- Small group exercises; large group discussion

MATERIALS

- Instructions for Introduction Exercise (one per participant)
- Instruction Assessment Form (one per participant)
- Participant Roster (one per participant; prepared on site)
- Indicators for Change in Women's Treatment (Resource Book, p. 3)
- Goal and Objectives (one per participant)
- Schedule (one per participant; prepared on site)

EQUIPMENT

- Name tags; markers of various colors (one for every two participants)
- Flipchart; felt-tip pens; masking tape
- Watch with a second hand

MEETING ROOM ARRANGEMENT

- Chairs in a horseshoe arrangement in a room large enough to regroup the chairs for three groups of five to seven people each.

Session Sequence

I. INTRODUCTION (1 hour, 15 minutes)

A. Make welcoming remarks tailored to audience and situation. (5 minutes)

1. Introduce yourself and cotrainer briefly, including name, role in workshop, and how you came to be a trainer in this program.
2. Include directions regarding location of bathroom, availability of coffee, and other administrative details as necessary.
3. Confirm the statements in the pretraining information sent to participants that this course is for agencies wishing to start providing treatment for women as part of an ongoing program and for agencies already treating women and wanting to change or add to the offered services in some way.

B. Completion of Instruction Assessment Form (10 minutes)

- 1. Distribute one form to each participant and make these points:**
 - a. We want to collect some information which will tell us how well this training program helps you achieve the goals it was designed to accomplish.**
 - b. Take about 10 minutes now to fill out the form following the printed directions. Fill in your name in the space provided on the cover sheet and check "preworkshop" in the top right corner of the second page.**
 - c. You will complete an identical form at the end of training and then compare your pretraining and posttraining responses. This comparison will provide a basis for determining how your perceptions of alcoholism treatment for women have or have not changed during training.**

Session Sequence

2. Collect the forms and reserve them for Session 7. (If time permits or someone is available to assist you, tabulate the responses before Session 2 to give you some idea of participants concerns. Directions for tabulation are contained on page C-46 of the Trainer Manual.)
- C. Participant introduction. (40-50 minutes)
1. Pass out blank name tags and markers.
 2. Ask participants to write in large letters the name by which they would like to be addressed during the training program.
 3. Distribute the Instructions for Introduction Exercise and read through it; answer any questions about the procedure.

NOTE: Explain that indicators for change in women's services are not the changes themselves but rather the situations or events they have observed or experienced that tell them women's treatment services are not as good as they could be. For example, an indicator for change might be the difficulty of getting women with young children into treatment; providing child care services is a possible change that would address that indicator. The idea is to avoid, for the moment, stating problems in terms of possible solutions.

4. Ask participants to select a partner and begin the interview. Remind them when 5 minutes have passed to begin the second interview.
5. Reconvene the group in a large circle and distribute the roster of participants, suggesting that they follow the roster as introductions are made to help match names and faces.

Session Sequence

6. Ask the person on your right or left to begin the introductions. Remind them of the 1 minute limit. Comment briefly on participant remarks where appropriate, keeping an informal, friendly tone.
7. Ask the cotrainer to record (1) indicators of need for change in women's alcoholism treatment programs, and (2) participant expectations of the course on two separate flipcharts as participants state them.
8. Thank participants and tell them that the indicators and expectations will be referred to in the next program activity.

II. RATIONALE AND OVERVIEW OF THE TRAINING PROGRAM (1 hour)

139

A. Rationale for the course. (20 minutes)

1. Ask participants to review the list of indicators for change that was developed in the previous activity.

2. Invite the group to help eliminate duplicates, identify patterns or generalizations, and make any additions to the original list that may be prompted by further thought and discussion.
3. Distribute the Resource Book, explaining that it contains reference material, articles, and other material that will be used during training and that may also be useful to them and to other staff members who will be working on planning and delivering women's treatment services.
4. Refer participants to Indicators for Change in Women's Treatment. (Resource Book, page 3) and give them a few minutes to read it over and look for similarities and differences in the list they constructed.
5. Taking each of the major categories in turn (Official Priorities, Status of Research, etc.), ask participants to identify items from the flipchart list that parallel or supplement the items on the Indicators for Change list.

Session Sequence

6. Discuss possible reasons for differences in the two lists:
 - a. One is from a national perspective, the other a state, county, or individual agency.
 - b. The printed list represents aggregated data; the flipchart list tends to be discrete events.
 - c. The printed list is generalized; the flipchart items may be more particular.
7. Summarize the discussion with the following points:
 - a. The evidence is substantial that the treatment services for alcoholic women are not sufficient to serve the numbers of women with alcoholism.

- b. The services that are available may not be responding adequately to women's needs.
- c. A number of people, including yourselves, as evidenced by your presence here and the list you developed, have recognized these discrepancies and are looking for ways to reduce them.
- d. Therefore, though research data are limited and a number of important questions remain unanswered, it seems worthwhile to convene a group such as this to examine the state of the art in women's alcoholism treatment, analyze existing programs, and consider how to make them more responsive to women's needs.

8. Ask for any questions or comments.

B. Course Overview. (25 minutes)

- 1. Distribute the Goal and Objectives and Schedule to each participant (or display them on a flipchart, as you choose).

Session Sequence

2. Review the Goal and Objectives briefly, reading the goal or asking a participant to do so, and paraphrasing the objectives. Answer any questions.
3. Next, using the schedule of activities, walk through the course, briefly mentioning the topic and describing the related learning activities. Answer questions.
4. With the participants, examine the list of expectations developed during the Introduction Exercise.
 - a. Which items, if any, have not been addressed by the Overview and the subsequent discussion?
 - b. Of those, indicate which ones will be met in the training program and which will not. For the latter, suggest ways those expectations can be met, perhaps on an individual basis, and explain why they are not included in this workshop.

5. Post the "expectations" list on the wall for reference in the closing session.

III. WHERE ARE WE NOW? (45 minutes)

A. Introduce the activity. (10 minutes)

1. The previous activity highlighted personal and national events and data indicating that changes are needed in the treatment of women alcoholics.
2. This next activity will add other dimensions to this picture by gathering your perspectives on three issues: possible reasons why women alcoholics may have even more difficulty entering treatment than men alcoholics; why treatment programs have been less responsive to women's needs; and your present thinking on what might be the focus of change in your own agency (outreach, treatment, staff training, total program, etc.).

B. Give the following instructions:

1. Working in three groups, you will share your ideas on these three issues.

Session Sequence

2. Each group will discuss one issue, and present a summary of that discussion for the other groups to react and add to.
3. Ten minutes is allotted for the task and five minutes for the presentation and large group discussion.
- C. Divide participants into three groups and direct them to locate far enough from other groups to work undisturbed.
- D. Participants work in groups. (10 minutes)
- E. Convene participants in a large group. (20 minutes)
 1. Each group presents in turn.
 2. After each group presents, invite questions or additions from other participants. Ask the presenter to add suggestions from the group to the list he or she has presented.

3. Reserve flipcharts for Session 4.
- F. Close the session. (5 minutes)
1. Review major activities in relation to session objectives.
 2. Refer to flipchart list of indicators for change, possible barriers to treatment for women, and proposed changes as a summary of "where we are now."
 3. Subsequent sessions will focus on what factors need to be taken into account when designing a women's program, a process for identifying needed changes in your agency program or plan, and organizing and practicing an approach to involving others in your agency and community in bringing those changes about.

Session Purposes

The goals of this session are to establish the important elements of an alcoholism treatment program, present the essential elements to consider in planning alcoholism treatment services for women, and present a rationale for the aspects of treatment particularly relevant to women.

By the end of this session, the participants will be able, given the major categories of a comprehensive alcoholism treatment program, to list at least two elements of each that are considered important in treating women with alcohol-related problems.

Session Sequence Overview

- I. Building the Foundation (1 hour, 30 minutes)
- II. Factors to Consider in Designing Treatment Programs for Women
(1 hour, 45 minutes)

Total time: 3 hours, 15 minutes

SESSION TWO: ALCOHOLISM TREATMENT FROM THE
WOMAN'S PERSPECTIVE

Methods, Materials, Equipment

METHODS

- Small and large group discussion; small group task; lecturette

MATERIALS

- Sample Items for Client Perspective and Treatment Support (Trainer Manual, pp. C-4 and C-5)
- Definitions of Program Categories (Resource Book, p. 9)
- A Context for Looking at Women Alcoholics (Trainer Manual, p. C-6)
- Factors to Consider in Designing Treatment Programs for Women (Resource Book, p. 11)
- Instructions for Small Group Task (one per participant)

EQUIPMENT

- Flipchart or flipchart paper; markers; masking tape

MEETING ROOM ARRANGEMENTS

- Chairs to seat all participants in a horseshoe arrangement.
- Seating and space for four small groups to work undisturbed.

Session Sequence

I. BUILDING THE FOUNDATION (1 hour, 30 minutes)

A. Introduction (5 minutes)

1. The primary focus of this course is the treatment of women. However, we do not want to lose sight of the fact that our basic concern is the promotion of recovery from alcoholism.
2. To establish a context for examining the elements of a treatment program specific to women, we will first establish the basic elements of any alcoholism treatment program--the first principles, so to speak, independent of sex, locale, type of unit (detox, inpatient, outpatient, halfway house), agency size, or other variable that may define a particular program.
3. Once this is done, we then have a framework for identifying and organizing women's needs in terms of those elements.

B. Give directions for the activity. (5 minutes)

1. You will work in four groups.
2. Each group will develop a list of items representing what a "good" alcoholism treatment program should look like. For example, one element of a "good" program is a record keeping system that provides information for making decisions about program effectiveness; or, a good program begins aftercare planning with the client well before the date of discharge.
3. Consider these guidelines as you work.
 - a. Do not stop to discuss or criticize any item. That will come later. On this first pass, jot down ideas as they are contributed, as fast as you can.
 - b. Try to concentrate on the minimum essentials, the "bare bones," the "that without which" there would be no alcoholism treatment program.

SESSION TWO: ALCOHOLISM TREATMENT FROM THE
WOMAN'S PERSPECTIVE

Session Sequence

- c. When no more items are being contributed, reexamine the list and divide the items under two headings. The first heading, client perspective, will contain all the items that affect the client directly, such as conveniently located facility and provisions for medical care. The second heading, treatment support, will contain all the items that affect the client indirectly, such as clearly stated agency philosophy and goals and written policies and procedures covering all aspects of program operation.
- d. As you classify the items, clarify confusing items, delete duplications, and make additions as indicated.
- e. You will have approximately 15 minutes to brainstorm, and 15 minutes to refine and classify.
- f. Select someone to present the lists to the total group.

4. Divide participants into four groups; and provide with flipchart paper.
- C. Participants work on task. (30-40 minutes)
1. Circulate among groups to answer questions and be sure they are on the task.
 2. Volunteer to act as timekeeper or suggest that each group select a timekeeper.
 3. When time is up, reconvene the large group.
- D. Groups present their lists. (20 minutes)
1. Ask for a volunteer to present the "client perspective" list.
 2. Ask for questions or comments from participants.
 3. Ask a member of the second group to point out any items that group has listed that the first group doesn't have.
 4. Invite the third and fourth group to do the same.

Session Sequence

5. Direct each group to amend its list to include the items suggested by other groups.

NOTE: Some disagreement may arise about the appropriateness of a given item. Ask participants to discuss each disputed item in terms of the guidelines stated above (minimum requirement; client perspective; not reflecting a variable such as agency size) and put it to a majority vote. Advise the group that the goal is a working list, not a definitive list. Sample items for client perspective and treatment support are listed in the Trainer Manual (pp. C-4 and C-5).

6. Following the same procedure, lead the groups through presentation and melding of their second list (elements of treatment support). Ask for a different volunteer to make the first presentation.

7. Invite comments or questions on the two completed lists.
- E. Refer participants to Definitions of Program Categories.
(Resource Book, p. 9).
1. Explain to participants that this is an arbitrary set of headings by which to organize the items they have identified under two larger headings, client perspective and treatment support.
 2. Initial visit, assessment, treatment, and aftercare are clearly related to client perspective. Outreach, staff issues, and program planning are indirectly related to the client and therefore apply to treatment support. Follow-up, though involving the client directly, is done primarily for agency purposes and therefore is classified as treatment support.
 3. Invite comments and answer any questions about the categories and the definitions.

Session Sequence

F. Give instructions for small group task.

1. You will form the same four groups.
2. Each group will be assigned two categories.
3. For each assigned category, identify the items from the lists just completed (client perspective or treatment support) that fit under that category.
4. Assign categories.

NOTE: Assuming that there are four groups of participants, make assignments as follows: group 1 - initial visit and outreach; group 2 - program planning and assessment; group 3 - treatment and staff issues; and group 4 - aftercare and follow-up.

5. You will have approximately 15 minutes to work.
6. Ask for questions and be sure the task is understood.
6. Participants work on task. (15 minutes)
 1. Circulate to answer questions that may arise.
 2. When time is up, reconvene the large group.
- H. Groups present their lists. (10 minutes)
 1. Have groups present in the order in which the categories appear on the definition sheet.
 2. Ask participants to hold comments until all lists have been presented.
 3. As categorized lists are presented, cotrainer checks off the the items on the original list.
 4. When all lists have been presented, ask for comments from the group regarding duplications of items not categorized and facilitate resolution of any problems.

Session Sequence

I. Summarize activities. (5 minutes)

1. You have established two sets of broad guidelines or principles by which to assess an alcoholism treatment program.
2. One set of items addresses program elements that affect the client directly; the other addresses elements that affect the client indirectly.
3. We are agreed that these principles should be reflected in any program designed to treat people with alcoholism. Exactly how those principles are put into operation is determined by characteristics of the people being served.
4. The next step is to look at the characteristics of women that are particularly important to consider in planning and delivering alcoholism treatment services.

II. FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN (1 hour, 45 min.)

A. Introduction (5 minutes)

1. One of the principles of good alcoholism programming that was identified in the previous activity was that treatment plans are tailored to meet individual needs, and we agreed that this is important to recovery.
2. However, the needs of a particular individual cannot be determined until that person comes to the agency. How then can agency staff design a treatment program so that at least some facilities and services will be prepared to serve clients who come for help?
3. One approach to that problem, of course, is to identify the community the agency will serve, and learn as much about the people in that community and their needs as possible.

SESSION TWO: ALCOHOLISM TREATMENT FROM THE
WOMAN'S PERSPECTIVE

Session Sequence

4. Another approach, which supports the first, is to learn from others who have studied and worked with the people you are preparing to help, in this case women. This next activity will get you started on this approach.

B. A context for looking at women alcoholics. (10 minutes)

1. Display the diagram which shows the various groups a woman belongs to.

NOTE: A master of this diagram appears on p. C-6 of the Trainer Manual. You may reproduce the diagram by drawing it on a flipchart or by making a transparency and projecting it on an overhead projector.

2. Our ultimate concern is the individual woman represented by the circle at the center, and those factors that make her a singular person: the unique biological and psychological characteristics that shape her reactions to her social and physical environment and the kind and sequence of events that make up her life.
3. This woman also shares some characteristics with other groups of women by virtue of her age, race, sexual preference, cultural background, education, socioeconomic position, and home location (rural, urban, south, west, etc.).
4. Women affected by alcoholism share some things in common. All factors may not be present or equal for each but the overlap is considerable. These factors include society's attitude toward alcoholic women, reactions of family and friends, prevalence of other drug use, and a greater chance of an affective disorder accompanying the alcoholism than is seen in men.

Session Sequence

5. She is part of a larger group which includes all people suffering from alcoholism; the physical, social, psychological, and spiritual disruption caused by excessive use of alcohol; the difficulties associated with recognizing the problem and accepting treatment; the need for strong and continuing support for recovery.
6. Finally, she is part of the society defined by geographic boundaries, politics, common language, history, standards of behavior, values, attitudes, and stereotypes that distinguish us from similar social entities.
7. The purpose of presenting this diagram is not to underscore the complexities of which you are already aware, but rather to provide a framework for organizing the multitude of factors that should be taken into account in planning treatment for an alcoholic woman.

8. Each client will be a composite of characteristics, unique to her, those shared with only some women, those shared with all women, those shared with other alcoholics, and those shared with all members of society.
9. The factors presented here do not constitute an exhaustive list. The list does not include those factors unique to individuals, but it does include the more important factors for special populations, women alcoholics, and society at large that are important to alcoholism treatment planning and for which there is reliable supporting evidence.
10. Ask for comments and questions.

C. Factors and treatment implications. (10 minutes)

1. Refer participants to Factors to Consider in Designing Treatment Programs for Women (Resource Book, p. 17) and review its organization.
 - a. This document is an arbitrary presentation of some of the more important factors drawn from recent books and articles on the subject of women and alcohol.

SESSION TWO: ALCOHOLISM TREATMENT FROM
THE WOMAN'S PERSPECTIVE

Session Sequence

- b. It is organized under six headings: physical, psychological, social, family, economic, and special populations.
- c. The categories overlap. For example, the tradition of women being responsible for child care is a social factor. Whether or not a woman has children could be classified under family.
- d. The organization is not important, unless it interferes with your learning. What is important here is the factors that are listed and the implications for treatment.
- e. Each category starts on a new page. Each point under a category is referenced to show the source. Some treatment implications are suggested in the third column.

2. Give directions for the small group task.
 - a. You will work in six groups.
 - b. Each group will be assigned one category on the document.
 - c. For each category assigned, summarize the main points listed in the first column as you would explain them to another person. Then, discuss these questions:
 - How do these points compare with your experience with women alcoholics?
 - Are they consistent with that experience or are they at odds?
 - How do you account for the differences?
 - d. Next read the treatment implications in the third column and discuss these questions:

SESSION TWO: ALCOHOLISM TREATMENT FROM THE
WOMAN'S PERSPECTIVE

Session Sequence

- How do the treatment implications relate to the program categories you developed earlier (program planning, assessment, outreach, etc.)?
 - What other treatment implications, if any, do you see relating to this factor?
 - e. Prepare a presentation to the large group which includes the points you summarized from column one and the conclusion of your discussion in answer to the questions.
3. Distribute Instructions for Small Group Task.
 4. Divide participants in six groups and assign categories as follows:

Group 1 - Physical

Group 2 - Psychological

Group 3 - Social

Group 4 - Family

Group 5 - Economic

Group 6 - Special Populations

D. Groups work on task. (40 minutes)

E. Reconvene large group for presentations. (20 minutes)

1. Have groups present in the order in which categories were assigned (see #4 above).
2. As each group presents, have the cotrainer list additional treatment implications on a flipchart.
3. Ask participants to hold comments or questions until all presentations have been made.

F. Invite questions and discussion from the group. (10 minutes)

1. Encourage group members to answer questions of other participants to the extent possible.
2. Refer to points made in the introduction and "concept" presentations when appropriate (IIA and IIB above).

41

SESSION TWO: ALCOHOLISM TREATMENT FROM THE
WOMAN'S PERSPECTIVE

Session Sequence

3. Remind participants that many important elements of treatment listed in the first activity may not be included on the "Factors" list, which is unique to women clients.
- G. Summarize the activity as follows (10 minutes):
 1. Attempting to simplify complex issues by making categories is often an arbitrary effort that leads to gaps or overlaps.
 2. The attempt here has been to identify factors that have major treatment implications and for which evidence is well documented and generally not conflicting.
 3. No effort was made to establish a causal relationship between any of these factors and the development of alcoholism in women.

4. The factors specific to women do not preclude the other elements or principles of treatment previously identified as essential to alcoholism treatment.

H. Make reading assignment.

1. Refer participants to the Resource Book.
2. Walk participants through the Resource Book, highlighting key features of various sections.
3. Assign participants to read the introduction to the Resource Book, and based on that reading, select one item from any section except Section I to review in detail, e.g., an article in Section II or the reference on nutrition in Section III, and discuss at the next session.
4. Remind them of the meeting time for the next session and ask that participants bring the program descriptions, grant proposals, and other agency materials that they are encouraged to bring to the training program.

Session Purposes

The goal of this session is to provide participants with a framework and a procedure for determining the extent to which their own programs are meeting the needs of women.

By the end of this session, the participants will be able to identify the strengths and weaknesses of their respective programs as they relate to the treatment of women, given a checklist of elements that are considered important for effective women's treatment.

Session Sequence Overview

- I. Review of Resource Book Assignment (15 minutes)
- II. Assessment Checklist (15 minutes)
- III. Application of Checklist to Individual Programs (1 hour, 35 minutes)
- IV. Checkpoint (55 minutes)

Total time: 3 hours

Methods, Materials, Equipment

METHODS

- Large group discussion; dyads; small group discussion

MATERIALS

- Resource Book
- Women's Treatment Services Assessment Checklist (one per participant)

EQUIPMENT

- Flipchart or flipchart paper; markers; masking tape

MEETING ROOM ARRANGEMENTS

- Chairs in a horseshoe arrangement for large group discussion.
- Space for group to work in dyads and in small groups undisturbed.

173

Session Sequence

I. REVIEW OF RESOURCE BOOK ASSIGNMENT (15 minutes)

A. Explain the procedure for reporting on the assignment. (5 minutes)

1. Ask participants to report on the items they reviewed in sequence, i.e., Section II first, then Section III and so on.
2. Ask participants to identify the item they selected and report briefly on their reaction to it: new information or insights offered, value to program planning, etc.
3. As they listen to the reports, ask participants to be thinking of other materials or resources not included in the Resource Book that they have found useful in planning treatment services for women.

B. Participants report on Resource Book. (10 minutes)

1. Follow the procedure outlined in A above.
2. Allow a few minutes for questions or discussion as needed after each presentation. Not all participants will report.
3. If additional resources are suggested, list them on a flipchart and get specific information for obtaining them, if possible.

C. Close the activity.

1. Ask participants to report on any aspects of the Resource Book that they found of particular interest and that have not already been discussed.
2. Remind participants that the Resource Book has been designed for use when they return to their agencies and will be referred to again in a later activity.

Session Sequence

II. ASSESSMENT CHECKLIST (15 minutes)

A. Introduction. (5 minutes)

1. The primary purpose of this session is to provide you an opportunity to examine your own programs in regard to meeting the needs of women, given their major needs and characteristics.
2. To assist in this examination you will use an assessment checklist prepared especially for women's treatment services.

B. Refer participants to the Assessment Checklist in their Resource Book (p. 29) and explain as follows:

176

1. This list represents an attempt to integrate the basic principles of alcoholism treatment that you identified in Session 2 with the major factors to consider in designing women's treatment services.
2. The result is a comprehensive checklist for planning a new women's program or assessing an existing one to determine areas for improvement.
3. You will notice that the categories on the checklist are the same as the categories used to organize the items you listed as relating either to client perspective or to treatment support.
4. The sequence of categories is only one possible order, in this case starting with program planning and staff issues, proceeding through the phases of treatment as a client would encounter them, and ending with follow-up and outreach.

Session Sequence

5. Within each category, the significant aspects are phrased in the form of questions that can be answered "yes" or "no." If that aspect applies to your program and is met to some extent, a space is provided to check "needs improvement." If that item does not apply to your situation, check "NA" for not applicable. Check "don't know" if you are unsure or need more information to answer.
6. In the third column, headed "comments," space is provided for a short note to explain your response or to indicate what additional information you need to obtain.
7. As you read through some of the individual items, you will see that they reflect the needs and characteristics of alcoholic women. A similar checklist could be created for any women. A similar checklist could be created for any broad target population, e.g., alcoholic men on skid row or teenage alcoholics, or for a narrow segment of a broad population, e.g., Navaho Indian women on X reservation. In either case, the categories would remain the same; the individual items would vary.

8. Also keep in mind that this checklist was created to be applicable to agencies of differing sizes and types in a variety of geographic settings and to target populations that will differ in specific characteristics from the hypothetical population described here.
9. Therefore, as you go through the checklist, make modifications or additions that will make it more useful to your situation.

C. Invite questions and comments.

III. APPLICATION OF CHECKLIST TO INDIVIDUAL PROGRAMS (1 hour, 35 minutes)

A. Give instructions for the activity. (5 minutes)

1. Participants will work in pairs according to the agency they represent. If only one person came from an agency, that person will work alone.

Session Sequence

2. Go through the checklist carefully, but do not dwell on any question too long. The idea is to complete all categories to get an overview of the strengths and weaknesses of your program and identify areas where changes are clearly needed. Time for more thorough analysis is scheduled for the next session.
3. You will each receive another copy of the checklist for this activity so that you may save the copy in your Resource Book for use at a future time.

B. Distribute Assessment Checklists.

1. Circulate among pairs to answer questions.
2. Be sure they do not dwell on any one item. Periodically give them time checks such as, "You should be one-quarter (or halfway) through at this point." 180

3. Fifteen minutes before time is up remind participants to total check marks in each category and identify those categories that appear to need the most work.
4. When time is up, reconvene large group.

IV. CHECKPOINT (55 minutes)

- A. Invite participants to comment on the process (not the results) of using the checklist. Allow 10 minutes for discussion. Stimulate contributions with questions such as:
 1. How easy or difficult was it to apply the checklist to your program?
 2. What categories or items were the most difficult or easiest to assess?
 3. Did other participants share that experience?
 4. If so, what accounts for the similarities or differences: size of agency, type (outpatient, residential), setting (rural, urban), not treating any women now?

SESSION THREE: ASSESSING INDIVIDUAL PROGRAMS

Session Sequence

5. Did any team find it necessary to add or modify individual items? If so, which ones? Why?
- B. Give instructions for next activity. (5 minutes)
 1. Each team will join with two other teams (six participants per group).
 2. Teams will exchange their checklists in round-robin fashion (team 1 gives their checklist to team 2, team 2 to team 3, and team 3 to team 1).
 3. Each team will examine the other's checklist for patterns of similarity or difference compared with their own.
 4. After 10 minutes, teams return checklists and discuss their findings: what commonalities emerged from all three checklists?
 5. After 10 minutes' discussion, the large group will reconvene to hear reports of small groups.

- C. Ask for questions and clarify or repeat any instruction as necessary.
- D. Teams work on task. (20 minutes)
- E. Large group reconvenes and small groups report and discuss findings. (20 minutes)
 - 1. Each group reports for 2-3 minutes.
 - 2. Lead a discussion of commonalities among agencies (e.g., a majority of checklists indicate a need to work on staff training) and some of the reasons why those patterns may exist.
- F. Close session.

SESSION FOUR: SELECTING PRIORITIES FOR CHANGE

Session Purposes

The purpose of this session is to provide participants an opportunity to analyze several program categories already identified for improvement and select from those one or more priorities for action.

By the end of this session, the participants will be able, given a set of feasibility guidelines and working in teams of two, to identify some priorities for implementing changes in their own treatment programs.

Session Sequence Overview

- I. Introduction (5 minutes)**
- II. Explanation of Women's Treatment Services Analysis Worksheet (5 minutes)**
- III. Using the Worksheet (45 minutes)**
- IV. Selecting Priorities (45 minutes)**

Total time: 1 hour, 40 minutes

SESSION FOUR: SELECTING PRIORITIES FOR CHANGE

Methods, Materials, Equipment

METHODS

- Large group discussion; dyads

MATERIALS

- Resource Book
- Flipchart of Treatment Support Items from Session 2
- Women's Treatment Services Analysis Worksheet (three copies per participant)
- Priority Selection Guidelines (one copy per participant)

EQUIPMENT

- Flipchart or flipchart paper; markers; masking tape

186

MEETING ROOM ARRANGEMENT

- Chairs in a horseshoe arrangement for large group discussion
- Space for group to work in dyads undisturbed

SESSION FOUR: SELECTING PRIORITIES

Session Sequence

I. INTRODUCTION (5 minutes)

- A. Review briefly the activities and outcomes of Session 3.
- B. Explain the purpose of this session as stated in the goal and objectives.

II. EXPLANATION OF WOMEN'S TREATMENT SERVICES ANALYSIS WORKSHEET (5 minutes)

- A. Refer participants to the blank Analysis Worksheet in the Resource Book (p. 59).
 - 1. Explain as follows:
 - a. This worksheet is a series of questions to guide your thinking about implementing changes in the categories you identified in Session 3.

- b. Its purpose is to help you define more clearly what specific changes need to be made, what resources will be needed, what fundamental program changes might also be required, what problems to anticipate, and the pros and cons of making the change.
2. Refer participants to pages 61 and 62 in the Resource Book, which show a completed worksheet.
3. Walk participants through the example to illustrate how the worksheet is to be used.
4. Invite questions and comments.

NOTE: It is assumed that most participants will be representing agencies that are already treating women. However, some may be planning for future delivery of those services and already have selected the program planning category of the checklist as the focus of their attention. Their perspective in using the Analysis Worksheet will be toward introducing a new aspect of service rather than expanding or improving existing services.

Session Sequence

III. USING THE WORKSHEET (45 minutes)

A. Explain the task to be accomplished. (10 minutes)

1. Participants will work in teams as they did in Session 3.
2. Encourage participants to refer to materials they brought from their agency, the list of treatment support items developed in Session 2, the Resource Book, and the Assessment Checklist as they answer the questions on the worksheet. Trainers will be available for consultation as well.
3. Groups will complete the Women's Treatment Services Analysis Worksheet for each program category identified for change in Session 3 up to three categories. If participants have identified more than three categories, they may work on these outside the workshop.

4. Distribute worksheets to each participant.

B. Teams work on task. (35 minutes)

1. Trainers circulate to provide consultation as needed.

2. When time is up, reconvene the large group.

IV. SELECTING PRIORITIES (45 minutes)

A. Invite comments and reactions from participants on the process of using the worksheet. (5 minutes)

B. Introduce Priority Selection Guidelines as follows (10 minutes):

1. Tell participants:

a. You have identified some actions you want to take to make changes in some selected categories of service delivery.

Session Sequence

- b. It is probably apparent that you cannot take all of these actions simultaneously. The problem is now deciding where to start.
- 2. Refer participants to the Priority Selection Guidelines in the Resource Book (p. 63). Tell them:
 - a. The purpose of this form is to help you select from the actions you have analyzed which are candidates for immediate action.
 - b. The choice will depend on a number of factors: cost, time required for completion, number and magnitude of obstacles, multiple benefits, and so on.
 - c. Each of the factors is listed in the first column as a question, with space for participants to add factors that may be important in their particular situation.

3. Refer participants to the next page in the Resource Book (p. 65) for an example of how the form is used. Explain that:
 - a. Under "Proposed Actions," space is provided to write in the indicated actions. These actions are taken from the second item on the Analysis Worksheet used in Session 4. In this example, two actions were identified for the Staff Issues Category. In other cases; only one action may be listed, or perhaps three.
 - b. The procedure is to read each question for one action at a time and place a check in the appropriate column to indicate your answer.
 - c. As you answer each question, think carefully about the situation in your agency, the staff who work there, and the community it serves.
 - d. If the answer is clearly yes, put a check in the "yes" column. If the answer is clearly no, put a check in the "no" column. If you need more information to answer, put a question mark in the "no" column.

Session Sequence

- e. In the example, the question mark in the "no" column for question 2 indicates that until an assessment or survey of staff needs has been done, the nature and extent of staff development activities will not be known. If training needs are limited, then the current staff development budget can probably handle it, if some other topic is dropped.
- f. When answers have been made to all questions for all actions, count up the checks in each yes and no column. The action with all yeses would be first priority; the one with all nos would be the last priority. Priority rankings in between will depend on the balance of yeses and nos and the particular factors involved. For example, cost may be a prohibiting factor whether or not all other factors are yes.

C. Give instructions for the priority selection task: **194**

1. Return to the two-person teams.
 2. Using the example as a model, answer the questions on the guidelines for as many activities as you have identified. Extra copies will be provided to preserve the copy in the Resource Book.
- D. Distribute Priority Selection Guidelines.
- E. Teams work on the task. (30 minutes)
- F. When time is up reconvene the large group.
1. Invite comments or questions on the process. (5 minutes)
 2. Ask participants to recall the potential program changes they discussed in Session 1.
 - a. How do the changes listed on the Priority Guidelines compare with these?
 - b. How do you account for differences, if any?
 3. Tell participants that the priorities will be presented and used as the basis for activities in the next session.

Session Purposes

The purpose of this session is to provide an opportunity for participants to develop a range of strategies to overcome the barriers to action they have identified in planning changes in women's treatment services.

By the end of this session, the participants will be able, using the Resource Book and suggestions from trainers and other participants, to identify a range of alternative strategies for each selected change.

Session Sequence Overview

- I. Introduction (5 minutes)
- II. Identifying Barriers (30 minutes)
- III. Developing Strategies (40 minutes)
- IV. Sharing Strategies (45 minutes)

Total time: 2 hours

Methods, Materials, Equipment

METHODS

- Large group discussion; small group discussion

MATERIALS

- Priority Selection Guidelines from Session 4
- Women's Treatment Services Analysis Worksheets from Session 4

EQUIPMENT

- Flipchart or flipchart paper; markers; masking tape

MEETING ROOM ARRANGEMENTS

- Chairs in a horseshoe arrangement for large group discussion
- Space for small groups of varying sizes to work undisturbed

Session Sequence

I. INTRODUCTION (5 minutes)

- A. By the end of Session 4, participants had analyzed selected program categories in terms of specific changes to be made, resources required, and obstacles to overcome and had established priorities among those actions by determining the feasibility of each.
- B. One factor that determines feasibility is the number and magnitude of obstacles that must be overcome to take some action.
- C. The purpose of this session is to bring all resources to bear on developing strategies to surmount those obstacles.

II. IDENTIFYING BARRIERS (30 minutes)

- A. One approach to dealing with problems is to name them--to define them clearly and precisely so that we know what we are dealing with.
- B. Direct participants to refer to their Priority Selection Guidelines for the specific actions they are proposing to take.
- C. Next, ask them to find the Analysis Worksheet where each action is listed and describe the obstacle(s) they noted to taking the action.
- D. As participants contribute actions and obstacles, list the obstacles on flipchart paper. Continue until all obstacles have been listed without duplication. Be sure each item is stated as precisely as possible.
- E. Next, review the items and see if they can be organized under larger headings, e.g., funding, attitudes, resistance to change, community relations, interagency relations, intra-agency organization, and so on.

Session Sequence

- F. As headings emerge, put each one on a separate sheet of flipchart paper.
- G. Next, go back to the original list and categorize each item under the appropriate heading. New headings may be added if necessary.
- H. Review the categorized lists to determine whether any grouping, e.g., attitudes, may apply to one particular program category, e.g., staff issues, more than any other, or whether it applies to a number of program categories.
- I. Mark any of the groupings for which this distinction can be made with the appropriate program category (treatment services, outreach, follow-up, etc.).

III. DEVELOPING STRATEGIES (40 minutes)

A. Group the participants by interest. (5 minutes)

1. Ask participants to study the groupings and select the one they are most interested in working on, given their program needs.
2. Suggest that agency teams consult with each other and each choose a different grouping to work on.
3. When participants have chosen, ask them to state their choices one at a time and write their names on the appropriate flipchart.
4. Depending on how choices fall, some groupings may need to be combined. At least two participants should sign up for a group.

B. Give instructions for the small group task. (5 minutes)

1. The first step will be to review the list and determine whether any item needs clarification or rewording.

Session Sequence

2. Next see if any new patterns emerge from the list. Can items be combined or subheadings created?
3. Begin to brainstorm strategies for overcoming the listed obstacles. Define strategy as a method to overcome a particular obstacle or barrier in order to achieve an objective. For example, one of the changes identified on the Assessment Checklist might be better follow-up of clients. An obstacle to making this change is lack of client interest in responding to agency contacts. A possible strategy to overcome this obstacle might be formation of an alumnae group that establishes contact with clients before they leave treatment to prepare for future contacts and sponsors periodic social or educational events that maintain interest, communication, and involvement of former clients.

4. Suggest use of the Resource Book, past experience and successes with similar problems, and ideas participants have heard or read about. Suggesting names of people or programs that might be able to help would also be appropriate.
 5. Point out that some strategies may be general and some may be specific depending on the items on each list.
 6. Finally, each group will present the results of their work (5 minutes per group) for the benefit and reaction of the total group.
- C. Groups work on the task. (30 minutes)
1. Trainers should offer ideas and suggestions to appropriate groups and contribute to groups that may be bogged down.
 2. When time is up, reconvene the large group.

Session Sequence

IV. SHARING STRATEGIES (45 minutes)

- A. Give instructions for reporting on tasks. (5 minutes)
 - 1. Ask groups to limit their presentations to 5 minutes each.
 - 2. After each presentation, invite the group to suggest additional strategies and ask questions.
- B. Groups report. (30 minutes)
- C. Invite final comments or questions about the day's activities.
- D. Close the session. (10 minutes)

1. Review the objective of the session and the activities conducted to achieve that objective.
2. Identification of alternative strategies is a step in the process of planning changes in agency services to improve alcoholism treatment for women, along with assessing needs and establishing priorities which were addressed in Sessions 3 and 4.
3. Another aspect of planning is involving the people who will participate in implementing the planned change. Their input and commitment must be obtained if planning is to be effective.
4. In preparation for the next session, ask participants to think about the individuals and/or groups that they will need to involve in further planning of the changes in women's treatment that were identified by the Assessment Checklist.
5. In Session 6, participants will select a group or individual and, working in small groups, prepare and practice an approach to enlisting their involvement in planning for change.

Session Purposes

The purpose of this session is to provide participants an opportunity to prepare for continuation of the planning process at home through organizing and practicing an approach designed to involve others in planning improvement of alcoholism treatment services for women.

At the end of this session, participants will be able to prepare and practice an approach they will take upon return to their agency to involve others in further planning and implementation of the changes needed to improve alcoholism treatment for women. The approach should be relevant to a given treatment setting and community and in keeping with the considerations presented in training.

Session Sequence Overview

- I. Introduction (5 minutes)
- II. Preparing the Approach (1 hour)
- III. Enlisting the Involvement of Others (1 hour, 15 minutes)

Total time: 2 hours, 20 minutes

Methods, Materials, Equipment

METHODS

- Large group discussion; small group task

MATERIALS

- Resource Book
- Task Instructions for Simulated Approach (one copy per participant)

EQUIPMENT

- Flipchart or flipchart paper; markers; masking tape

MEETING ROOM ARRANGEMENTS

209

- Chairs in a horseshoe arrangement for large group discussion
- Space for small groups of varying sizes to work undisturbed

Session Sequence

I. INTRODUCTION (5 minutes)

A. Open the session by making the following points:

1. In the previous three sessions you have assessed your programs for adequacy in meeting women's needs, identified some areas that need change, established some priorities, listed some barriers to consider in making those changes, and developed some alternative strategies to overcome those barriers.
2. Identification of alternative strategies is a step in the process of planning changes in agency services to improve alcoholism treatment for women, along with assessment of needs and establishing priorities which were addressed in Sessions 3 and 4.

210

3. When you return home, additional planning will be required to express the changes you intend to make in precise, measurable terms, sequence the tasks, assemble resources, prepare a timetable for completion, and assign responsibilities.
 4. An ingredient essential to the effectiveness of this continued planning is obtaining the input and commitment of the people who will be involved in the implementation of the plan.
 5. The initial step in involvement of others is organization and presentation of information and ideas as a basis for discussion, decision and action.
- B. State that the purpose of this session is to help participants prepare for this initial step by practicing in this setting first and receiving the benefit of support and suggestions from the trainers and other participants.

Session Sequence

II. PREPARING THE APPROACH (1 hour)

A. Identify groups to be involved. (5 minutes)

1. Ask participants to suggest individuals or groups that they anticipate needing to involve in planning for changes in treating alcoholic women. Examples are the program director, counselors, the board of directors, other agencies, and community groups.
2. List potential groups or individuals as they are suggested.
3. Lead participants in organizing the groups or individuals under four or five larger headings.

NOTE: The objective here is to divide the participants into smaller groups of four participants each. Depending on the size of the total group, you may need from four to six categories of audiences (board, staff, etc.), or else two groups may prepare for the same type of audience.

4. Ask participants in turn to indicate which group or individual they wish to practice making an approach to and write each name next to the appropriate category until all groups have four participants. Before all planning has been completed, it will probably be necessary to contact all of the groups and individuals listed. Suggest that participants select the individual or group for trial approach based on one or more of the following criteria: the first to be approached, the most important, or the most difficult.

B. Give instructions for preparation and delivery task. (10 minutes)

1. Distribute Task Instructions for Simulated Approach.

Session Sequence

2. Review the instructions with participants, answering questions as they arise.
 3. In setting a context for their approach, suggest that participants use the actual situation of one participant or combine elements from each group member's situation.
 4. Advise participants what materials and equipment are available to support their presentations. Flipchart paper and markers will very likely be available as they are used in the training program. If a Xerox machine is accessible, participants could make handouts. Group members may choose to make transparencies if the proper projection equipment and grease pencils are provided.
- C. Groups work on preparing their approach. (45 minutes)

D. When time is up, reconvene the large group.

III. ENLISTING THE INVOLVEMENT OF OTHERS (1 hour, 15 minutes)

A. Groups make presentations and receive feedback for the items specified in the task instructions, item 2d. (1 hour)

B. Close the session. (15 minutes)

1. Invite comments and reactions to the session activities.

2. Make general observations about the common problems you observed and summarize the suggestions that emerged from the feedback sessions.

Session Purposes

A summary of the course will be given. Participants will take part in the final evaluation activities and receive certificates of attendance (optional).

Session Sequence Overview

- I. Introduction (5 minutes)
- II. Recapitulation of Training Program (10 minutes)
- III. Evaluation (35 minutes)
- IV. Awarding of Certificates (optional) (10 minutes)

Total time: 1 hour

Methods, Materials, Equipment

METHODS

- Large group discussion; individual work

MATERIALS

- Program goal and objectives summarized on flipchart
- List of expectations from Session 1
- Instruction Assessment Form (one per participant)
- Postcourse Debriefing Forms (one per participant)
- Certificates (optional)

EQUIPMENT

- Flipchart

MEETING ROOM ARRANGEMENTS

- Seating for all participants set in a horseshoe arrangement

Session Sequence

I. INTRODUCTION (5 minutes)

- A. The purpose of this session is to summarize the week's activities in light of the program goals discussed in the first session and to conduct the posttraining evaluation activities.
- B. The primary activities of this session are a recapitulation of the training program, administration and discussion of the Instruction Assessment Form, and (optional) awarding of certificates of program completion to each participant.

II. RECAP OF TRAINING PROGRAM (10 minutes)

A. Review of program goals.

220

1. Refer participants to the training goal and objectives you have written on the flipchart.

2. For each objective listed on the flipchart, review the activities related to achieving that objective. (Modify your remarks to correspond to the actual training events, planned or unplanned.)

NOTE: Avoid any discussion of the relative worth of the training activities. Appraisal will be the focus of the evaluation activities. The purpose of the recap is to refresh participants' memories about the expected outcomes and what was done to achieve those outcomes. Another purpose is to provide a sense of closure for both you and the participants.

B. Review of expectations.

1. Refer to the list of expectations developed by participants and recorded on a flipchart in Session 1.

Session Sequence

2. Review the items that you agreed could be met within the framework of the training program. For each item, ask participants if that expectation was or was not met. If not, ask them to indicate what might have been done to meet it.
- C. Ask for any questions or additional comments on the recapitulation.

III. EVALUATION (35 minutes)

- A. Completion of Instruction Assessment Form. (10 minutes)
1. Distribute copies of the Instruction Assessment Form and ask each participant to check "postworkshop" on page 2.
 2. Ask them to complete forms.

222

B. Comparison with preworkshop form (5 minutes)

1. When all participants have completed the form, distribute the preworkshop forms and ask participants to compare their responses on the two forms.
2. Suggest that they look for trends or dramatic shifts on particular items.

C. Discussion of results. (10 minutes)

1. After 5 minutes, begin a discussion of the pre- and post-workshop comparison. Questions such as these will help to focus that discussion:
 - What do you observe about your postworkshop responses compared with the preworkshop responses? Do you see any trends, patterns, surprises, or no change?
 - How do you account for any changes that occurred in your responses?
 - What do you think these changes mean?

Session Sequence

- In instances where there is no difference in rating, did the basis for the rating change? In other words, was the item judged inadequate for the same reason on both pre- and posttests? If not, what was the new reason?
2. By asking for a show of hands, determine what patterns, if any, appear within the group in direction or degree of shift on certain items.

NOTE: A majority of participants may show a shift to the left on items relating to staff training because they have become more aware of the range of topics that may need to be included in a training program or the length of time required to increase staff sensitivity to their own attitudes toward women. In many cases, no group pattern will be apparent because of the variation in individual agency situations. It might be interesting to ask participant teams to compare their responses. Do two individuals from the same agency have similar responses before and after the workshop?

3. Finally, ask participants how the workshop has helped prepare them to improve those areas they have identified as inadequate.
4. When the discussion is over, ask participants to remove the cover sheet from each form and insert the number which appears in the right corner of the preworkshop form on the postworkshop form, in the same place. If the preworkshop forms have not been numbered, ask participants to count off in sequence and mark their assigned number on both forms. Collect all forms without the cover sheets.

G. Postcourse debriefing. (10 minutes)

1. Distribute the Postcourse Debriefing Form and ask participants to complete it.
2. Collect forms and ask participants for any final comments.

IV. AWARDING OF CERTIFICATES (10 minutes)

- A. Introduce the person selected to present certificates.
- B. The presenter may make a few remarks as appropriate.

Session Sequence

- C. As the presenter reads the name of each participant, the person comes forward to accept the certificate and shake hands. (Award certificates alphabetically.)
- D. Thank and congratulate participants and wish them good luck and farewell.